


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90130 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N96000003856 1. Corporation Name MALLARD CREEK PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business 200 SOUTH ORANGE AVENUE SUITE 2150 ORLANDO FL 32802	Mailing Address 2601 S BAYSHORE DRIVE SUITE 900 LEGAL DEPT MIAMI FL 33133 US	



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/23/1996
22	City & State	City & State	4. FEI Number
	Zip	Zip	59-3412914
23	Country	Country	Applied For
			Not Applicable
24			5. Certificate of Status Desired <input type="checkbox"/>
			\$8.75 Additional Fee Required
			6. Election Campaign Financing <input type="checkbox"/>
			Trust Fund Contribution <input type="checkbox"/>
			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDMAN, JOEL K 2601 S BAYSHORE DR LEGAL DEPT - 9TH FLOOR MIAMI FL 33133				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLETTE, J T	1.2 NAME	Liebrecht, Tom
STREET ADDRESS	2601 S BAYSHORE DR	1.3 STREET ADDRESS	200 S ORANGE, SUITE 2150
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, JOEL K	2.2 NAME	Goldman, Joel K.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	2.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33133
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDIN, AMY H	3.2 NAME	GILLETTE, JT
STREET ADDRESS	2601 S BAYSHORE DR	3.3 STREET ADDRESS	200 SO ORANGE, SUITE 2150
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	ORLANDO, FL 3280
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, PAULA	4.2 NAME	KAUFMAN, LARRY
STREET ADDRESS	2601 S BAYSHORE DRIVE	4.3 STREET ADDRESS	200 SO ORANGE AVE-SUITE 2150
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMLEIN, SUZIE	5.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Amy H. Goldin* **REQUIRED** 3/18/99 305-859-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 AMY H. GOLDIN, DIRECTOR

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CR2E037 (1/98)