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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/23/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3412914
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K
2601 S BAYSHORE DR
LEGAL DEPT - 9TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
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	2.1 TITLE	VS
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	3.1 TITLE	PD
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	4.1 TITLE	V
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	5.1 TITLE	
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		6.1 TITLE	
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:

SIGNATURE 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

CR2E037 (11/98)