

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90006 028 \*\*\*\*61.25

**DOCUMENT # N98000005323**

1. Entity Name  
**MALLARD POND PROPERTY OWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**1815 MICCOSUKEE COMMONS DR  
104  
TALLAHASSEE, FL 32308**

Mailing Address  
**P.O. BOX 14019  
TALLAHASSEE, FL 32317**



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3376502**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SEGAL, TRACY TAMMY, DAUGHTRY  
1815 MICCOSUKEE COMMONS DR.  
SUITE 104  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**3-22-06**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SJOSTROM, ERIN
STREET ADDRESS	6359 DUCK CALL CT.
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	PD
NAME	CARSON, HARRY B
STREET ADDRESS	1815 MICCOSUKEE COMMONS DR. STE. 104
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	THOMAS, WALTER C
STREET ADDRESS	5283 QUAIL VALLEY RD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	STD
NAME	O'REILLY, DEBBIE
STREET ADDRESS	6340 DUCK CALL CT
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**03-15-06**

Daytime Phone #