

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90085 016 ****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**

401004



2. Principal Place of Business - No P.O. Box #

6340 DUCK CALL CT

3. Mailing Address

6340 DUCK CALL CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272007 Chg-NP CR2E037 (12/06)

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-3376502

Applied For

Not Applicable

Zip

32309

Country

LEON

Zip

32309

Country

LEON

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Deborah O'Reilly**

Street Address (P.O. Box Number is Not Acceptable)

6340 DUCK CALL CT

City

TALLAHASSEE

FL

Zip Code

32309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **SJOSTROM, ERIN**
STREET ADDRESS **6359 DUCK CALL CT.**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **DONNA ALLOCCO** ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **CARSON, HARRY B**
STREET ADDRESS **1815 MICCOSUKEE COMMONS DR. STE. 104**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **MICK EDGAR** ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **6340 DUCK CALL CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **D** ☒ Delete
NAME **THOMAS, WALTER C**
STREET ADDRESS **5283 QUAIL VALLEY RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **RICHARD WOODWARD** ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **6400 DUCK CALL CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **STD** ☐ Delete
NAME **O'REILLY, DEBBIE**
STREET ADDRESS **6340 DUCK CALL CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **DAVID A. O'NEILL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07

Date

850-528-4622

Daytime Phone #