

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746930 (7)

1. Corporation Name

MILLPOND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5295 TOWN CENTER RD #200
BOCA RATON, FL 33486

5295 TOWN CENTER RD #200
BOCA RATON, FL 33486

3. Date Incorporated or Qualified
04/27/1979

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1967903

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANG MGNT CO INC
5295 TOWN CENTER RD #200
BOCA RATON FL 33486**

81 Name

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

83

84 City

FL

85 Zip Code

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WICHINSKY, GLENN | |
| STREET ADDRESS | 2390 N.W. 38TH STREET | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | RUBIN, STEVE | |
| STREET ADDRESS | 3617 NW 23RD TERR | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | RUSSELL, JANET | |
| STREET ADDRESS | 4008 NW 24 TERR. | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | DAVELL, CHRIS | |
| STREET ADDRESS | 3487 PINE HAVEN CIRCLE | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | KURPIERS, WOLFGANG | |
| STREET ADDRESS | 3465 PINE HAVEN CIRCLE | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|---------------------------------------|--|
| 1.1 TITLE | Leland Felgner, Vice President | <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | 3489 Pine Haven Circle | |
| 1.3 STREET ADDRESS | Boca Raton, FL 33431 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | Richard Sievers, Co-Treasurer | <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | 3485 Pine Haven Circle | |
| 2.3 STREET ADDRESS | Boca Raton, FL 33431 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Janet Russell, Secretary | <input checked="" type="checkbox"/> Change |
| 3.2 NAME | 4008 N.W. 24th Terrace | |
| 3.3 STREET ADDRESS | Boca Raton, FL 33431 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change |
| 5.2 NAME | 100001746501 | |
| 5.3 STREET ADDRESS | -03/18/96--01053--019 | |
| 5.4 CITY-ST-ZIP | **61.25 | |
| 6.1 TITLE | | <input type="checkbox"/> Change |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

W.H. Kurpiers **W.H. KURPIERS**

2-10-96 407-443-6476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

ADD 3-17-96