

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Horne Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746930 (7)

1. Corporation Name
MILLPOND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 5295 TOWN CENTER RD #200 BOCA RATON, FL 33486	Mailing Address 5295 TOWN CENTER RD #200 BOCA RATON, FL 33486
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3. Date Incorporated or Qualified
04/27/1979

4. FEI Number 59-1967903	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	PRESIDENT
NAME	FELGNER, LELAND	1.2 NAME	KURPIERS, WOLFGANG
STREET ADDRESS	3489 PINE HAVEN CIRCLE	1.3 STREET ADDRESS	3465 PINE HAVEN CIR.
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	T	2.1 TITLE	1ST VPD
NAME	SIEVERS, RICHARD	2.2 NAME	DAVELL, CHRIS
STREET ADDRESS	3485 PINE HAVEN CIRCLE	2.3 STREET ADDRESS	3487 PINE HAVEN CR.
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	S	3.1 TITLE	SECT
NAME	RUSSELL, JANET	3.2 NAME	RUSSELL, JANET
STREET ADDRESS	4008 N.W. 24TH TERRACE	3.3 STREET ADDRESS	4008 N.W. 24 TERR.
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	DT	4.1 TITLE	TREAS
NAME	DAVELL, CHRIS	4.2 NAME	MACMILLIAN, SCOTT
STREET ADDRESS	3487 PINE HAVEN CIRCLE	4.3 STREET ADDRESS	2400 N.W. 40 CR.
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	DP	5.1 TITLE	2ND VPD
NAME	KURPIERS, WOLFGANG	5.2 NAME	RUBIN, STEVE
STREET ADDRESS	3465 PINE HAVEN CIRCLE	5.3 STREET ADDRESS	3617 N.W. 23 TERR.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KURPIERS, WOLFGANG	
1.3 STREET ADDRESS	3465 PINE HAVEN CIR.	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
2.1 TITLE	1ST VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVELL, CHRIS	
2.3 STREET ADDRESS	3487 PINE HAVEN CR.	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
3.1 TITLE	SECT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUSSELL, JANET	
3.3 STREET ADDRESS	4008 N.W. 24 TERR.	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
4.1 TITLE	TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MACMILLIAN, SCOTT	
4.3 STREET ADDRESS	2400 N.W. 40 CR.	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
5.1 TITLE	2ND VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RUBIN, STEVE	
5.3 STREET ADDRESS	3617 N.W. 23 TERR.	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE: _____ **2/18/98 561-750-8800**

CR2E037 (10/97)