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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746930

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/27/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1967903

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip

25 Country

29 Zip

30 Country

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 IN 12

TITLE PD DELETED
NAME KURPIERS, WOLFGANG
STREET ADDRESS 3465 PINE HAVEN CIR
CITY-ST-ZIP BOCA RATON FL 33431

1.1 TITLE PD Change Addition
1.2 NAME STEPHEN RUBIN
1.3 STREET ADDRESS 3617 NW 23 TERR.
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

TITLE FVPD DELETED
NAME DAVELL, CHRIS
STREET ADDRESS 3487 PINE HAVEN CR
CITY-ST-ZIP BOCA RATON FL 33431

2.1 TITLE FVPD Change Addition
2.2 NAME SCOTT MAC MILLAN
2.3 STREET ADDRESS 2400 NW 40 CIR
2.4 CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ST DELETED
NAME RUSSELL, JANET
STREET ADDRESS 4008 N.W. 24TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33431

3.1 TITLE SD Change Addition
3.2 NAME BARBARA FARNSWORTH
3.3 STREET ADDRESS 3497 PINE HAVEN CIR
3.4 CITY-ST-ZIP BOCA RATON, FL 33431

TITLE TD DELETED
NAME DAVELL, CHRIS
STREET ADDRESS 3487 PINE HAVEN CIRCLE
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE TD Change Addition
4.2 NAME STEVE HANNAN
4.3 STREET ADDRESS 3518 PINE HAVEN CIR
4.4 CITY-ST-ZIP BOCA RATON, FL 33431

TITLE SVPD DELETED
NAME KURPIERS, WOLFGANG
STREET ADDRESS 3465 PINE HAVEN CIRCLE
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE SVPD Change Addition
5.2 NAME ANDREW GROSS
5.3 STREET ADDRESS 3434 PINE HAVEN CIR
5.4 CITY-ST-ZIP BOCA RATON, FL 33431

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)