

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90045 040 \*\*\*\*70.00

**DOCUMENT # 746930**

1. Entity 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 33486-1080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1967903**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, STEPHEN	
STREET ADDRESS	3617 NW 123 TERR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MACMILLIAN, SCOTT	
STREET ADDRESS	2400 NW 40 CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FARNSWORTH, BARBARA	
STREET ADDRESS	3497 PINE HAVEN CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HANNAN, STEVE	
STREET ADDRESS	3418 PINE HAVEN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	GROSS, ANDREW	
STREET ADDRESS	3434 PINE HAVEN CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHER, DANA	
STREET ADDRESS	2418 NW 36 ST.	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORING, JANA	
STREET ADDRESS	4022 N.W. 24 TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNSWORTH, BARBARA	
STREET ADDRESS	3497 PINE HAVEN CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPLAIN, GARY	
STREET ADDRESS	3486 PINE HAVEN CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINDMAN, LISA	
STREET ADDRESS	2419 NW 140 CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** *GARY SPLAIN* Treasurer 2/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)