

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 JAN -9 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# 746930
1. Entity Name
MILLPOND HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
551 NW 77th ST
Suite, Apt., #, etc. 212

3. Mailing Address
551 NW 77th ST
Suite, Apt., #, etc. 212
City & State BOCA RATON, FL
Zip 33487 Country USA

DO NOT WRITE IN THIS SPACE
AC 1-10-04

4. FEINumber 591967903
5. Certificate of Status Desired \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent
Name AKAM SOUTH, INC
Street Address (P.O. Box Number is Not Acceptable) 551 NW 77th ST
SUITE #212
City BOCA RATON FL Zip Code 33487

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.
300026657893
-01-12/04-01015-002-4451.25
SIGNATURE _____ (NOTE: Registered Agent signature required when in issuing) DATE _____

FEE IS \$61.25 Initial or Amended UBR
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			
TITLE	PRESIDENT	TITLE	
NAME	WOLFGANG KURPIERS	NAME	
STREET ADDRESS	3465 PINE HAVEN CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33431	CITY - ST - ZIP	
TITLE	VICE PRESIDENT (1st)	TITLE	
NAME	DANA SCHEER	NAME	
STREET ADDRESS	2418 NW 36 th STREET	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FLORIDA 33431	CITY - ST - ZIP	
TITLE	VICE PRESIDENT (2nd)	TITLE	
NAME	GEORGE LABBAD	NAME	
STREET ADDRESS	2285 NW 36 th ST.	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33431	CITY - ST - ZIP	
TITLE	TREASURER	TITLE	
NAME	CECILE DYKAS	NAME	
STREET ADDRESS	3501 PINE HAVEN CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33431	CITY - ST - ZIP	
TITLE	SECRETARY	TITLE	
NAME	BILL LEARY	NAME	
STREET ADDRESS	3412 PINE HAVEN CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33431	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 on an attachment with an address, with authority, or like empowerment.

SIGNATURE: W. H. Kurpiers W. H. KURPIERS 10-23-03 (521) 487-0474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

1/06/04
CORP NUMBER: 746930

RETURN MAIL DETAIL SCREEN
CORP NAME: MILLPOND HOMEOWNERS ASSOCIATION, INC.

2:29 PM

2003

ANNUAL REPORT FIRST NOTICE RETURNED BOX: 0007

ANNUAL REPORT SECOND NOTICE RETURNED BOX: 0030

*FOR Filing Purposes
Only*

1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS
7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR:

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