



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90102 028 ****61.25

DOCUMENT # 746930					
1. Entity Name MILLPOND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6421 CONGRESS AVE 110 BOCA RATON, FL 33487		Mailing Address 6421 CONGRESS AVE 110 BOCA RATON, FL 33487		06302005 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1967903	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AKAM SOUTH, INC. 6421 CONGRESS AVE 110 BOCA RATON, FL 33487			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KURPIERS, WOLFGANG 3465 PINE HAVEN CIRCLE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1STV LEARY, BILL 3412 PINE HAVEN CIRCLE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEARY, BILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3412 PINE HAVEN CIRCLE BOCA RATON FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2NDV LABBAD, GEORGE 2288 NW 36TH STREET BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DONA SCHEER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2418 NW 36TH ST BOCA RATON FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, CHARLES 3467 PINE HAVEN CIRCLE BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHNECK, JOHN 2421 NE 39TH STREET BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO MAUREEN MURPHY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3494 PINE HAVEN CIRCLE BOCA RATON FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		Date: 7/7/05		Daytime Phone #: 561.994.4870	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					