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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10568** **(6)**

1. Corporation Name

MILLPOND ESTATES SECTION TWO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4204 REVERE CIRCLE NEW PORT RICHEY FL 34653 US	P. O. BOX 1539 ELFERS FL 34680-1539 US

3. Date Incorporated or Qualified: 08/06/1985
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business
21 4234 Revere Circle
Suite, Apt. #, etc
22
City & State
23 New Port Richey, Fl
Zip 24 34653 Country 25 Pasco

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2578005 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARCIA, CESAR
4204 REVERE CIRCLE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: Larry Lonigan
82 Street Address (P.O. Box Number is Not Acceptable): 4234 Revere Circle
83
84 City: New Port Richey FL 85 Zip Code: 34653

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 Larry Lonigan Larry Lonigan Feb.28,1997
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	P/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LONIGAN, LARRY		1.2 NAME		
STREET ADDRESS	4234 REVERE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SINENO, JOSEPH		2.2 NAME	Elva Oppelaar	
STREET ADDRESS	7714 BALHARBOUR DR		2.3 STREET ADDRESS	7721 Balharbour Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	New Port Richey, Fl 34653	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	WALKER, GERTRUDE		3.2 NAME	Douglas Hibbard	
STREET ADDRESS	4260 BOSTON CIRCLE		3.3 STREET ADDRESS	7715 Balharbour Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	New Port Richey, Fl 34653	
TITLE	T/D	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	ZSETERYI, THERESA		4.2 NAME	Elaine Schlaefer	
STREET ADDRESS	4228 REVERE CIRCLE		4.3 STREET ADDRESS	4224 Revere Circle	
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	New Port Richey, Fl. 34653	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	OPPELAAR, ELVA		5.2 NAME	Christian Isaly	
STREET ADDRESS	7721 BALHARBOUR DR		5.3 STREET ADDRESS	7720 Balharbour Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP	New Port Richey, Fl. 34653	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Larry Lonigan Larry Lonigan Feb. 28, 1997 813-376-5668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068541