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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10568 (6)
1. Corporation Name
MILLPOND ESTATES SECTION TWO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4234 REVERE CIRCLE NEW PORT RICHEY FL 34653 US	Mailing Address P. O. BOX 1539 ELFERS FL 34680 US
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3. Date Incorporated or Qualified 08/06/1985	Applied For ☐ Not Applicable
4. FEI Number 59-2578005	
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business 21 7715 Balharbour Dr. Suite, Apt. #, etc. 22 City & State 23 New Port Richey FL Zip Country 24 34653 25 Pasco	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent
**LONIGAN, LARRY
4234 REVERE CIRCLE
NEW PORT RICHEY FL 34653**

10. Name and Address of New Registered Agent 81 Name Douglas Hibbard 82 Street Address (P.O. Box Number is Not Acceptable) 7715 Balharbour Dr. 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 Douglas Hibbard **March 1, 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P/D	☒ DELETE
NAME LONIGAN, LARRY	
STREET ADDRESS 4234 REVERE CIRCLE	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE VD	☒ DELETE
NAME OPPELAAR, ELVA	
STREET ADDRESS 7721 BALHARBOUR DRIVE	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE SD	☒ DELETE
NAME HIBBARD, DOUGLAS	
STREET ADDRESS 7715 BALHARBOUR DRIVE	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE TD	☐ DELETE
NAME SCHLAEFER, ELAINE	
STREET ADDRESS 4224 REVERE CIRCLE	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE D	☒ DELETE
NAME ISLAY, CHRISTIAN	
STREET ADDRESS 7720 BALHARBOUR DRIVE	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/D	☒ Change ☐ Addition
1.2 NAME Douglas Hibbard	
1.3 STREET ADDRESS 7715 Balharbour Dr.	
1.4 CITY-ST-ZIP New Port Richey, FL 34653	
2.1 TITLE V/D	☒ Change ☐ Addition
2.2 NAME Christian Isaly	
2.3 STREET ADDRESS 7720 Balharbour	
2.4 CITY-ST-ZIP New Port Richey, FL 34653	
3.1 TITLE S/D	☐ Change ☒ Addition
3.2 NAME Elizabeth Veccia	
3.3 STREET ADDRESS 7703 Balharbour Dr.	
3.4 CITY-ST-ZIP New Port Richey, FL 34653	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D	☐ Change ☒ Addition
5.2 NAME Janet Napolitano	
5.3 STREET ADDRESS 7713 Balharbour Dr.	
5.4 CITY-ST-ZIP New Port Richey, FL 34653	
6.1 TITLE	☐ Change ☐ Addition
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 an address.

SIGNATURE: Douglas Hibbard **March 1, 1998** **813-372-2358**
President

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