

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

0080371

DOCUMENT # N10568

1. Entity Name

MILLPOND ESTATES SECTION TWO HOMEOWNERS ASSOCIAT

02-06-2001 90262 046 ****61.25

Principal Place of Business

**4240 REVERE CIRCLE
 NEW PORT RICHEY FL 34653
 US**

Mailing Address

**P. O. BOX 1539
 ELFRS FL 34680
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2578005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, ERNEST A
 4240 REVERE CIRCLE
 NEW PORT RICHEY FL 34653**

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 **SD** ☐ Delete
 NAME **HOARTY, MARILYN**
 STREET ADDRESS **7637 BALHARBOUR DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Hoarty, Marilyn D.**
 STREET ADDRESS **7637 Balharbour Dr.**
 CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE **D** ☐ Delete
 NAME **KRUEGER, SHIRLEY**
 STREET ADDRESS **4212 BOSTON CIRCLE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **KING, ERNEST A**
 STREET ADDRESS **4240 REVERE CIRCLE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **SD** ☒ Change ☐ Addition
 NAME **King, Ernest A.**
 STREET ADDRESS **4240 Revere Circle**
 CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE **TD** ☐ Delete
 NAME **BACZYNSKI, CLARENCE**
 STREET ADDRESS **4254 REVERE CIRCLE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **TD** ☒ Change ☒ Addition
 NAME **Bradley, Lauren R.**
 STREET ADDRESS **4244 Revere Circle**
 CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE **VD** ☐ Delete
 NAME **MCCOMISKEY, GERARD**
 STREET ADDRESS **4236 REVERE CIRCLE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DV** ☐ Change ☒ Addition
 NAME **Peruzzini, Nazzareno**
 STREET ADDRESS **4232 Revere Circle**
 CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Marilyn D. Hoarty
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2/14 (727)372-1457

2001 Date

Daytime Phone #

CR2E037 (10/00)