

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -1 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15211 (8)
1. Corporation Name
MILLPOND TRACE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/03/1986	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2779001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
40 SUNSTATE ACCT BOX 1191 OLDSMAR FL 34677		40 SUNSTATE ACCT BOX 1191 OLDSMAR FL 34677	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WICKY, JERRY SUNSTATE ACCT. 221 LAFAYETTE BLVD OLDSMAR FL 34677				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Jerry Wicky *Jerry Wicky* DATE 2/21/95
Signature, typed or printed name of registered agent and 1995 applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCKLE, JERRY	1.2 NAME	Robert Powell
STREET ADDRESS	7816 HARDWICK DR., SUITE 1022	1.3 STREET ADDRESS	7911 Hardwick Dr. #411
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, FL. 34653
TITLE	SD	2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURLIACCIO, JOSEPH	2.2 NAME	Jerry Ruckle
STREET ADDRESS	7802 HARDWICK DR., SUITE 1125	2.3 STREET ADDRESS	7816 Hardwick Dr. #1022
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey, FL. 34653
TITLE	TD	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCROHON, FRED	3.2 NAME	James Freglette
STREET ADDRESS	7816 HARDWICK DR. #1026	3.3 STREET ADDRESS	7837 Hardwick Dr. #312
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	New Port Richey, FL. 34653
TITLE	VD	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRIDGE, SHIRLEY	4.2 NAME	Fred Penton
STREET ADDRESS	7911 HARDWICK DR., SUITE 415	4.3 STREET ADDRESS	7837 Hardwick Dr. #317
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	New Port Richey, FL. 34653
TITLE		5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Robert Maggiotto
STREET ADDRESS		5.3 STREET ADDRESS	7823 Hardwick Dr. #222
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New Port Richey, FL. 34653
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE: James Freglette *James Freglette* DATE 2/21/95 813-376-8865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR