

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **40 SUNSTATE ACCT BOX 1191 OLDSMAR FL 34677**
Mailing Address: **40 SUNSTATE ACCT BOX 1191 OLDSMAR FL 34677**

3. Date Incorporated or Qualified: **06/03/1986**
3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2779001**
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
**WICKY, JERRY SUNSTATE ACCT.
221 LAFAYETTE BLVD
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, ROBERT	1.2 NAME	Bill Cummings
STREET ADDRESS	7911 HARDWICK DR. #411	1.3 STREET ADDRESS	7925 Hardwick Dr. #523
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCKLE, JERRY	2.2 NAME	Doris Fierle
STREET ADDRESS	7816 HARDWICK DR. #1022	2.3 STREET ADDRESS	7925 Hardwick Dr. #517
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREGLETTE, JAMES	3.2 NAME	Jim Freglette
STREET ADDRESS	7837 HARDWICK DR. #312	3.3 STREET ADDRESS	7838 Hardwick Dr. #312
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENTON, FRED	4.2 NAME	VD
STREET ADDRESS	7837 HARDWICK DR. #317	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIOTTO, ROBERT	5.2 NAME	
STREET ADDRESS	7823 HARDWICK DR #222	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 an address.

SIGNATURE: X Doris Fierle / X Doris Fierle 4-17-96 x 813-377-6679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)