

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/2

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90051 032 \*\*\*\*61.25

**DOCUMENT # N15211**

1. Entity Name

**MILLPOND TRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

4/0  
 SUNSTATE ACCT  
 BOX 1191  
 OLDSMAR FL 34677

Mailing Address

4/0  
 SUNSTATE ACCT  
 BOX 1191  
 OLDSMAR FL 34677-1191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2779001

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WICKY, JERRY SUNSTATE ACCT.  
~~221 LAFAYETTE BLVD~~  
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 231 LAFAYETTE BLVD.  
 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	JIM FREGLETTE	
STREET ADDRESS	7837 HARDWICK DRIVE, #312	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TERMER, BILL	
STREET ADDRESS	7837 HARWICK DR. #315	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAPOLITANO, MARY	
STREET ADDRESS	7924 HARDWICK DR. #614	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	ARBEITER, ROBERT	
STREET ADDRESS	7816 HARDWICK DR #1017	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICE OLMSTED D	
STREET ADDRESS	7910 HARDWICK DRIVE # 727	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND FIERLE D	
STREET ADDRESS	7925 HARDWICK DRIVE #517	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA MOE D	
STREET ADDRESS	7837 HARDWICK DRIVE # 325	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

*James Freglette* 4/21/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/99)



DO NOT WRITE IN THIS SPACE