


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90035 001 ****61.25

DOCUMENT # N15211
 1. Entity Name
MILLPOND TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O SEABOARD ARBORS **C/O SEABOARD ARBORS**
5313 LOCUST PLACE **5313 LOCUST PLACE**
NEW PORT RICHEY FL 34652 **NEW PORT RICHEY FL 34652**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
LEIGHTON, LENNARD A
2189 CLEVELAND STREET STE 225
CLEARWATER FL 33765

4. FEI Number **59-2779001** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAGLETTE, FRANCES 7837 HARDWICK DRIVE #312 NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FALLEN, MARGARET 7924 HARDWICK DRIVE #616 NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CORRINE 7925 HARDWICK DRIVE #525 NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOT, RUTH 7925 HARDWICK DR. #513 NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAXFIELD, DEBRA 7925 HARDWICK DR. #514 NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Helen Sfinas 7807 Hardwick Drive #111 New Port Richey FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alberta Marks 7900 Hardwick Drive #817 New Port Richey FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Debra Maxfield* **Debra Maxfield** *3/4/04* *727-372-6185*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #