


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90008 028 ****61.25

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

Principal Place of Business C/O SEABOARD ARBORS 5313 LOCUST PLACE NEW PORT RICHEY FL 34652	Mailing Address C/O SEABOARD ARBORS 5313 LOCUST PLACE NEW PORT RICHEY FL 34652
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business C/O SEABOARD ARBORS	3. Mailing Address C/O SEABOARD ARBORS
Suite, Apt. #, etc. 2189 CLEVELAND ST, SUITE 225	Suite, Apt. #, etc. 2189 CLEVELAND ST, SUITE 225

City & State CLEARWATER, FL	City & State CLEARWATER, FL
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4. FEI Number 59-2779001	Applied For <input type="checkbox"/> Not Applicable
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Zip 33765	Country US	Zip 33765	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A 2189 CLEVELAND STREET STE 225 CLEARWATER FL 33765
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

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	D SFINAS, HELEN 7807 HARDWICK DR., #111 NEW PORT RICHEY FL 34652 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, ALBERTA 7900 HARDWICK DR., #817 NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARGARET FALLON <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <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 3/15/05 727-858-6860
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #