
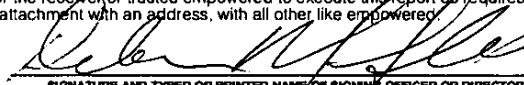


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90054 037 ****61.25

DOCUMENT # N15211			
1. Entity Name MILLPOND TRACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O SEABOARD ARBORS 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 US		Mailing Address C/O SEABOARD ARBORS 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02192007		Chg-NP	
02192007		CR2E037 (12/06)	
4. FEI Number 59-2779001		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEIGHTON, LENNARD A 2189 CLEVELAND STREET STE 225 CLEARWATER, FL 33765		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SFINAS, HELEN <input checked="" type="checkbox"/> Delete	TITLE	# D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7807 HARDWICK DR., #111	NAME	Robert Burt
STREET ADDRESS	NEW PORT RICHEY, FL 34653	STREET ADDRESS	7900 Hardwick Dr #811
CITY-ST-ZIP		CITY-ST-ZIP	New Port Richey FL 34653
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLON, MARGARET	NAME	
STREET ADDRESS	7924 HARDWICK DRIVE #616	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, ALBERTA	NAME	
STREET ADDRESS	7900 HARDWICK DR., #817	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXFIELD, DEBRA	NAME	
STREET ADDRESS	7925 HARDWICK DR. #514	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Josephine Abbuzzese
STREET ADDRESS		STREET ADDRESS	7837 Hardwick #326
CITY-ST-ZIP		CITY-ST-ZIP	New Port Richey FL 34653
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/20/07 727-858-6860	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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