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FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27615 (6)

1. Corporation Name

MILLPOND ESTATES SECTION FIVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

221 LAFAYETTE BLVD
P.O. BOX 1191
OLDSMAR FL 34677221 LAFAYETTE BLVD
P.O. BOX 1191
OLDSMAR FL 34677-00223. Date Incorporated or Qualified
07/27/19883a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2986860

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WICKY, JERRY
221 LAFAYETTE BLVD
PO BOX 1191
OLDSMAR FL 34677

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME KIER, JIM
STREET ADDRESS 7923 WOBURN STREET
CITY-ST-ZIP NEW PORT RICHEY FL1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME Tony D'Andrea
1.3 STREET ADDRESS 7848 Hamlet Dr.
1.4 CITY-ST-ZIP New Port Richey, FL 34653TITLE VD ☐ DELETE
NAME REETHOF, GARY
STREET ADDRESS 4503 NORTHAMPTON DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Gerhard Reethof
2.3 STREET ADDRESS 4503 Northampton Dr.
2.4 CITY-ST-ZIP New Port Richey, FL 34653TITLE STD ☒ DELETE
NAME MACRELLI, BOB
STREET ADDRESS 4347 FOXBORO DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME Dolores Van Vano
3.3 STREET ADDRESS 7824 Hamlet Dr.
3.4 CITY-ST-ZIP New Port Richey, FL 34653TITLE D ☐ DELETE
NAME VANN, DAVID
STREET ADDRESS 4415 NORTHAMPTON DR.
CITY-ST-ZIP NEW PORT RICHEY FL4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME JEAN. Raily
4.3 STREET ADDRESS 4435 Foxboro Dr.
4.4 CITY-ST-ZIP New Port Richey FL 34653TITLE D ☒ DELETE
NAME MYLES, MIKE
STREET ADDRESS 4524 NORTHAMPTON DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Elaine Shabilon
5.3 STREET ADDRESS 4326 Foxboro Dr.
5.4 CITY-ST-ZIP New Port Richey, FL 34653TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE D-Emma Kerrigan ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS 4423 Foxboro Dr.
6.4 CITY-ST-ZIP New Port Richey, FL 34653

14. I do 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 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:

Anthony D'Andrea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-372-1610
Daytime Phone # 0066447

CP2E037 (9/96)