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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27615** (6)

1. Corporation Name

MILLPOND ESTATES SECTION FIVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**221 LAFAYETTE BLVD
P.O. BOX 1191
OLDSMAR FL 34677**

Mailing Address

**221 LAFAYETTE BLVD
P.O. BOX 1191
OLDSMAR FL 34677**



3. Date Incorporated or Qualified

07/27/1988

4. FEI Number

59-2986860

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **TD** ☒ DELETE
NAME **D'ANDREA, TONY**
STREET ADDRESS **7848 HAMLET DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **PD** ☐ DELETE
NAME **REETHOF, GARY**
STREET ADDRESS **4503 NOTHAMPTON DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VD** ☒ DELETE
NAME **VARVANO, DOLORES**
STREET ADDRESS **7324 HAMLET DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE
NAME **REILLY, JEAN**
STREET ADDRESS **4435 FOXBORO DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE
NAME **SHABILON, ELAINE**
STREET ADDRESS **4326 FOXBORO DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE
NAME **KERRIGAN, EMMA**
STREET ADDRESS **4423 FOXBORNE DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☐ Change ☐ Addition
1.2 NAME **Helen Gyuro**
1.3 STREET ADDRESS **4510 Foxboro Dr.**
1.4 CITY-ST-ZIP **New Port Richey, FL 34653**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☐ Change ☐ Addition
3.2 NAME **Rachelle Rizzo**
3.3 STREET ADDRESS **7917 Woburn St.**
3.4 CITY-ST-ZIP **New Port Richey, FL 34653**

4.1 TITLE **VPO** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

Helen Gyuro / *Helen A. Gyuro* 1-20-98

8-12-222-7723

CR2E037 (10/97)