

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 27 1998 8:00am
Secretary of State

DOCUMENT # N94000001983 (5)

1. Corporation Name

MILLPOND ESTATES SECTION FOUR HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ROBERT PARSONS
4140 MC CLUNG DR
NEW PORT RICHEY FL 34653

% ROBERT PARSONS
4140 MC CLUNG DR
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified

04/21/1994

4. FEI Number

59-3254247

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

☐

\$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

PARSONS, ROBERT
4140 MC CLUNG DRIVE
NEW PORT RICHEY FL 34653

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	JACOBY, BETTY A	4327 OLIN STREET	NEW PORT RICHEY FL	<input checked="" type="checkbox"/>
PT	PARSONS, ROBERT	4140 MC CLUNG DR	NEW PORT RICHEY FL	<input checked="" type="checkbox"/>
VP	TRIPPE, CONCETTA T	4333 OLIN STREET	NEW PORT RICHEY FL	<input checked="" type="checkbox"/>
S	BALSAMO, DEBORAH	4334 MCCLUNG DRIVE	NEW PORT RICHEY FL	<input checked="" type="checkbox"/>
D	POLLACK, DAVID	4133 MCCLUNG DR	NEW PORT RICHEY FL	<input checked="" type="checkbox"/>
D	RICHTER, NORBERT	4214 MCCLUNG DRIVE	NEW PORT RICHEY FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Pres	Robert Parsons	4140 Mcclung Dr	New Port Richey FL 34653	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	MARY JANE KUHN	7651 MORNINGDALE DR	NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SECT.	DIANE KRIVO	4125 MCCLUNG DR	NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	NORBERT RICHTER	4214 MCCLUNG DR	N.P.R. FL 34653	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	ROBERT GERHART	7646 MORNINGDALE DR	N.P.R. - FL 34653	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	BOB EHLERT	7624 MORNINGDALE DR	N.P.R. - FL 34653	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 1 1998 813329 0561

Daytime Phone #

CR2E037 (5/98)