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Apr 03 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N95000002868 (6)

1. Corporation Name

MILLPOND LAKES VILLAS CONDOMINIUM ASSOCIATION, I  
NC.



Principal Place of Business

Mailing Address

C/O SUNSET HOMES OF PASCO, INC.  
10010 U.S. 19  
NEW PORT RICHEY FL 34668

C/O SUNSET HOMES OF PASCO, INC.  
10010 U.S. 19  
NEW PORT RICHEY FL 34668

3. Date Incorporated or Qualified

06/16/1995

4. FEI Number

59-3304210

Applied For

APPLIED FOR

Not Applicable

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

5. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIGURSKI, GERALD A  
8406 MASSACHUSETTS AVENUE  
SUITE B-1  
NEW PORT RICHEY FL 34653

81 Name

Jerry Wicky /o Sunstate Accounting

82 Street Address (P.O. Box Number is Not Acceptable)

221 Lafayette Blvd.

83

P.O. Box 1193

84 City

Oldsmar

FL

85 Zip Code

34677

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

Jerry Wicky /x

Jerry Wicky

2-20-98

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 PTD ☒ DELETE  
NAME FRANK, JOHN P JR  
STREET ADDRESS 10010 U.S. HIGHWAY 19  
CITY-ST-ZIP NEW PORT RICHEY FL 34668

TITLE VSD ☒ DELETE  
NAME FRANK, JOHN P SR  
STREET ADDRESS 10010 U.S. HIGHWAY 19  
CITY-ST-ZIP NEW PORT RICHEY FL 34668

TITLE D ☒ DELETE  
NAME FRANK, MICHAEL  
STREET ADDRESS 10010 U.S. HIGHWAY 19  
CITY-ST-ZIP NEW PORT RICHEY FL 34668

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME Ed Harrison  
1.3 STREET ADDRESS 4408 Whittan Way  
1.4 CITY-ST-ZIP New Port Richey, Fl. 34653

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME Elmer Schreiber  
2.3 STREET ADDRESS 4402 Whittan Way  
2.4 CITY-ST-ZIP New Port Richey, Fl. 34653

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME T D Lorraine Figueiredo  
3.3 STREET ADDRESS 4443 Whittan Way  
3.4 CITY-ST-ZIP New Port Richey, Fl. 34653

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME SD Diana Stricker  
4.3 STREET ADDRESS 4557 Whittan Way  
4.4 CITY-ST-ZIP New Port Richey, Fl. 34653

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME D Frank Vitacco  
5.3 STREET ADDRESS 4407 Whittan Way  
5.4 CITY-ST-ZIP New Port Richey, Fl. 34653

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

SIGNATURE REQUIRED

17 3 98 8 3 30 300

CR2E037 (1097)

DED. \$61.25