

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002868

1. Entity Name

MILLPOND LAKES VILLAS CONDOMINIUM ASSOCIATION, I

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90013 039 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

4450 WHITTON WAY

Suite, Apt. #, etc.

3. Mailing Address

4450 WHITTON WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3304210

Applied For

Not Applicable

Zip

34653

Country

USA

Zip

34653

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHREIDER, ELMER W
4402 WHITTON WAY
NEW PORT RICHEY FL 34653

Name ELMER W. SCHREIDER

Street Address (P.O. Box Number is Not Acceptable)
4402 WHITTON WAY

City NEW PORT RICHEY FL Zip Code 34653

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.

SIGNATURE Elmer W. Schreiber ELMER W. SCHREIDER 2-16-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME SCHREIDER, ELMER W
STREET ADDRESS 4402 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE P/D ☒ Change ☐ Addition
NAME SCHREIDER, ELMER W.
STREET ADDRESS 4402 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE D ☐ Delete
NAME CROFT, DENTON
STREET ADDRESS 4427 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE T/D ☒ Change ☐ Addition
NAME CROFT, DENTON
STREET ADDRESS 4427 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE SD ☐ Delete
NAME STRICKER, DIANA
STREET ADDRESS 4557 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE S/D ☒ Change ☐ Addition
NAME STRICKER, DIANA
STREET ADDRESS 4557 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE TD ☒ Delete
NAME FIGUEIREDO, LORRAINE
STREET ADDRESS 4443 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE V/D ☐ Change ☒ Addition
NAME VITACCO, FRANK
STREET ADDRESS 4407 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME MYERS, FRANK
STREET ADDRESS 4414 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: Elmer W. Schreiber ELMER W. SCHREIDER 2-16-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)