NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # /)

1. Entity Name

FILED Apr 16, 2002 8:00 am Secretary of State

04-16-2002 90135 045 ****70.00

| MILLPOND LAKES VILLAS CONDOMINIUM ASSOCIATION, INC. | | | | | | | | |
|---|---|-----------------------------|---|--|---|----------------------------|-------------------------------|--|
| | DO NOT WRITE | IN THIS S | PAC | E | | 830606 | | |
| 2. Principal P | Place of Business | 3. Mailing Address | • | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | 0730 U. S. 19 | | | • | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| Suite | | Suite 17 | | | 4 5511 | <u> </u> | A-visa E | |
| City & Stat | | City & State | • | | 4. FEI Number 59–330421 | ^ | Applied For Not Applicable | |
| Zip | Richey, FL Country | Port Richey, | Zip Country | | | | 8.75 Additional | |
| 34668 | Pasco 34668 | | Pas | • | 5. Certificate of Status Desired Fee Required | | | |
| | rasco | | | | 7. Name and Addres | s of Current Registered A | gent | |
| IN THIS SPACE | | | | Street Address 10730 U. Suite 17 City | 17 | | | |
| | named entity submits this statement for | | i | <u>Port Ric</u> | | | 34668 | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if applicable. (NC | TE: Registered | Agent signature require | rd when reinstating) | 3/25/0 | , ~ | |
| FEE IS \$61.25 Initial or Amended UBR 9. Election Carr Trust Fund C | | | | | \$5.00 May Be Added to Fees | Make Check I Department | _ | |
| 10. | OFFICERS AND DIR | ECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Myers, Frank 4414 Whitton Way New Port Richey, FL VD Schreiber, Elmer 4402 Whitton Way New Port Richey, FL | | CITY- TITLE NAME STREE | T ADDRESS ST-ZIP | | | | |
| TITLE | The Fort Richey, ru | | TITLE | | | | - | |
| NAME STREET ADDRESS CITY-ST-ZIP | Vitacco, Gloria 4407 Whitton Way | | | T ADDRESS ST-ZIP | DO NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Branigan, Shirley 4437 Whitton Way | | | l. | IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bolduc, Dan 4436 Whitton Way | | | 1 | | | | |

12. Thereby 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 on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

New Port Richev, FI

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

AGCNI

4/5/02 1727 869 9760