


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90254 044 ****61.25

DOCUMENT # N95000002868			
1. Entity Name MILLPOND LAKES VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10730 U.S. 19 STE 17 PORT RICHEY FL 34668 US		Mailing Address 10730 U.S. 19 STE 17 PORT RICHEY FL 34668 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3304210		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUALIFIED PROPERTY MANAGEMENT, INC. 10730 U.S. 19 STE 17 PORT RICHEY FL 34668		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	MYERS, FRANK -- <input type="checkbox"/> Delete	TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 4414 WHITTON WAY --		NAME Croft, Betty	
STREET ADDRESS NEW PORT RICHEY FL 34668		STREET ADDRESS 4427 Whitton Way	
CITY-ST-ZIP		CITY-ST-ZIP New Port Richey, FL	
TITLE VD	SCHREIBER, ELMER -- <input checked="" type="checkbox"/> Delete	TITLE VS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 4402 WHITTON WAY --		NAME Burns, Donald	
STREET ADDRESS NEW PORT RICHEY FL		STREET ADDRESS 4422 Whitton Way	
CITY-ST-ZIP		CITY-ST-ZIP New Port Richey, FL	
TITLE TD	VITACCO, GLORIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 4407 WHITTON WAY		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34653		CITY-ST-ZIP	
TITLE SD	BRANIGAN, SHIRLEY <input type="checkbox"/> Delete	TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 4437 WHITTON WAY		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34653		CITY-ST-ZIP	
TITLE PD	BOLBUC, DANIEL -- <input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Savino, Matilda	
STREET ADDRESS 4436 WHITTON WAY --		STREET ADDRESS 4424 Whitton Way	
CITY-ST-ZIP NEW PORT RICHEY FL 34653		CITY-ST-ZIP New Port Richey, FL	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Gloria Vitacco Trean 4-7-04 727-376-0353
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #