

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90027 030 ****61.25

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01062006 Chg-NP CR2E037 (11/05)

DOCUMENT # 746930 1. Entity Name MILLPOND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6421 CONGRESS AVE 110 BOCA RATON, FL 33487			Mailing Address 6421 CONGRESS AVE 110 BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1967903	
				Applied For 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		
AKAM SOUTH, INC. 6421 CONGRESS AVE 110 BOCA RATON, FL 33487			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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KURPIERS, WOLFGANG		NAME		
STREET ADDRESS	3465 PINE HAVEN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEARY, BILL		NAME		
STREET ADDRESS	3412 PINE HAVEN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEER, DANA		NAME		
STREET ADDRESS	2418 NW 36TH ST		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, CHARLES		NAME		
STREET ADDRESS	3467 PINE HAVEN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, MAUREEN		NAME		
STREET ADDRESS	3494 PINE HAVEN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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: <u>W. H. KURPIERS, PRES.</u> 1/18/06 (561) 487-0474					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					