

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 28, 2012
Secretary of State

DOCUMENT# N95000002868

Entity Name: MILLPOND LAKES VILLAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY 19, STE 7Q
NEW PORT RICHEY, FL 34652 US**New Principal Place of Business:****Current Mailing Address:**QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY 19, STE 7Q
NEW PORT RICHEY, FL 34652 US**New Mailing Address:****FEI Number:** 59-3304210**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HWY 19
STE 7Q
NEW PORT RICHEY, FL 34652 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PRES
Name: SANDERS, FRED
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US**Title:** VP
Name: LASARE, BOBETTE
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US**Title:** TREA
Name: HANSEN, BEA
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US**Title:** D
Name: MYERS, FRANK
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US**Title:** D
Name: BURNS, DON
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRED SANDERS

PRES

02/28/2012

Electronic Signature of Signing Officer or Director_____
Date