

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746930

Entity Name: MILLPOND HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 30, 2020
Secretary of State
7071903159CC

Current Principal Place of Business:

C/O HAWK-EYE MANAGEMENT, INC.
3901 N FEDERAL HWY SUITE 202
BOCA RATON, FL 33431

Current Mailing Address:

C/O HAWK-EYE MANAGEMENT, INC.
3901 N FEDERAL HWY SUITE 202
BOCA RATON, FL 33431 US

FEI Number: 59-1967903

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SACHS SAX CAPLAN
SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY SUITE 200
BOCA RATON, FL 33487 US

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: SACHS SAX CAPLAN

04/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCHEER, DANA
Address C/O HAWK-EYE MANAGEMENT, INC.
 3901 N FEDERAL HWY SUITE 202
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY
Name RUBIN, DARIA
Address C/O HAWK-EYE MANAGEMENT, INC.
 3901 N FEDERAL HWY SUITE 202
City-State-Zip: BOCA RATON FL 33431

Title TREASURER
Name VOLINSKI, JOEL
Address C/O HAWK-EYE MANAGEMENT, INC.
 3901 N FEDERAL HWY SUITE 202
City-State-Zip: BOCA RATON FL 33431

Title VP, DIRECTOR
Name GOLDMAN, MICHELLE
Address C/O HAWK-EYE MANAGEMENT, INC.
 3901 N FEDERAL HWY SUITE 202
City-State-Zip: BOCA RATON FL 33431

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: DANA SCHEER

PRESIDENT

04/30/2020

Electronic Signature of Signing Officer/Director Detail

Date