

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 746930

**Entity Name:** MILLPOND HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 22, 2024**  
**Secretary of State**  
**3879823410CC**

**Current Principal Place of Business:**

C/O HAWK-EYE MANAGEMENT, LLC  
1800 NW CORPORATE BLVD SUITE 200  
BOCA RATON, FL 33431

**Current Mailing Address:**

C/O HAWK-EYE MANAGEMENT, LLC  
1800 NW CORPORATE BLVD SUITE 200  
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**

**03/22/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHEER, DANA  
Address        C/O HAWK-EYE MANAGEMENT, LLC  
                  1800 NW CORPORATE BLVD SUITE  
                  200  
City-State-Zip: BOCA RATON FL 33431

Title            SECRETARY  
Name            EDELMAN, JACOB  
Address        C/O HAWK-EYE MANAGEMENT, LLC  
                  1800 NW CORPORATE BLVD SUITE  
                  200  
City-State-Zip: BOCA RATON FL 33431

Title            1ST VICE PRESIDENT  
Name            KURPIERS, WOLFGANG  
Address        C/O HAWK-EYE MANAGEMENT, LLC  
                  1800 NW CORPORATE BLVD SUITE  
                  200  
City-State-Zip: BOCA RATON FL 33431

Title            TREASURER  
Name            SEIGEL, STUART  
Address        C/O HAWK-EYE MANAGEMENT, LLC  
                  1800 NW CORPORATE BLVD SUITE  
                  200  
City-State-Zip: BOCA RATON FL 33431

Title            2ND VICE PRESIDENT  
Name            RUBIN, ROBERT  
Address        C/O HAWK-EYE MANAGEMENT, LLC  
                  1800 NW CORPORATE BLVD SUITE  
                  200  
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**

**03/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date