

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007973

**FILED**  
**Feb 25, 2013**  
**Secretary of State**  
**CC9807199119**

**Entity Name:** PIG ON THE POND, INC.

**Current Principal Place of Business:**

14146 VISTA DEL LAGO BLVD.  
CLERMONT, FL 34711

**Current Mailing Address:**

P.O. BOX 121543  
CLERMONT, FL 34712-1543

**FEI Number: 54-2079731**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOYETTE, WADE  
1380 GRAND HWY STE 200  
CLERMONT, FL 34711 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ENGLISH, TOM  
Address        1635 EAST HWY 50, SUITE 302  
City-State-Zip: CLERMONT FL 34711

Title            DIRECTOR  
Name            RICE, LARRY  
Address        14826 GREATER PINES BLVD.  
City-State-Zip: CLERMONT FL 34711

Title            D  
Name            SOLIS, CARLOS  
Address        522 US HWY 27, SUITE C  
City-State-Zip: MINNEOLA FL 34715

Title            VP  
Name            ROUNTREE, PAUL  
Address        1615 E. HWY 50  
City-State-Zip: CLERMONT FL 34711

Title            D  
Name            NAGEL, MEREDITH  
Address        450 E HWY 50, SUITE 4  
City-State-Zip: CLERMONT FL 34711

Title            SECRETARY  
Name            HULLEY, JULIE  
Address        PO BOX 1962  
City-State-Zip: MINNEOLA FL 34755

Title            DIRECTOR  
Name            KING, WAYNE  
Address        11235 SOONER DRIVE  
City-State-Zip: CLERMONT FL 34711

Title            DIRECTOR  
Name            CHAPMAN, RICHARD  
Address        615 W JUNIATA STREET  
City-State-Zip: CLERMONT FL 34711

**Continues on page 2**

*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: TOM ENGLISH**

**PRESIDENT**

**02/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GERACI-CARVER, ANITA  
Address        1560 BLOXAM AVENUE  
City-State-Zip: CLERMONT FL 34711

Title           DIRECTOR  
Name           JONES, JOANN  
Address        12201 CYPRESS LANDING AVENUE  
City-State-Zip: CLERMONT FL 34711