

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007973

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

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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