

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27615

**Entity Name:** MILLPOND ESTATES SECTION FIVE HOMEOWNERS  
ASSOCIATION, INC.

**Current Principal Place of Business:**

4174 WOODLANDS PKY  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4174 WOODLANDS PKY  
PALM HARBOR, FL 34685

**FEI Number:** 59-2986860

**Certificate of Status Desired:** No

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

NOLAN, JAMES  
FIRST CHOICE ASSOCIATION MANAGEMENT  
4174 WOODLANDS PKWY  
PALM HARBOR, FL 34685 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 P  
Name LOGUE, KATHY  
Address 4174 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title S  
Name ULLESTAD, JAMIE  
Address 4174 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title VP  
Name KIER, JIM  
Address 4174 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title D  
Name FEDOR, WALTER  
Address 4174 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title T  
Name RAMIREZ, GLENDA  
Address 4174 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

*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:** KATHY LOGUE

**PRESIDENT**

**02/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date