

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

DOCUMENT# N27615

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

**Current Principal Place of Business:**

6454 RIDGE ROAD  
PORT RICHEY, FL 34668

**Current Mailing Address:**

P.O BOX 1407  
PORT RICHEY, FL 34673 US

**FEI Number:** 59-2986860

**Certificate of Status Desired:** No

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

SERVICES, COASTAL MANAGEMENT  
6454 RIDGE ROAD  
PORT RICHEY, FL 34668 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:** COASTAL MANAGEMENT SERVICES

01/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LOGUE, KATHY  
Address P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title SECRETARY  
Name MOLES, CHARLES  
Address P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title DIR  
Name RAMIREZ, GLENDA  
Address P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title VP  
Name JACKSON, VEIREE  
Address 6454 RIDGE ROAD  
City-State-Zip: PORT RICHEY FL 34668

Title TRE  
Name WOOD, LORETTA  
Address P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

*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:** LOGUE , KATHY

PRE

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date