

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90624 034 \*\*\*\*70.00

**DOCUMENT # N00000008527**

1. Entity Name

**MILL POND HOMEOWNER'S ASSOCIATION OF PINELLAS CO  
 UNTY, INC.**

Principal Place of Business

Mailing Address

**12814-129TH TERRACE NORTH  
 LARGO FL 33774**

**12814-129TH TERRACE NORTH  
 LARGO FL 33774**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2594050**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASTON, SHELLEY A  
 12814-129TH TERRACE NORTH  
 LARGO FL 33774**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

**4-23-2002**

*Shelley A. Gaston, President*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **GASTON, SHELLEY A**  
 STREET ADDRESS **12814 129TH TERRACE NORTH**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **RUFFNER, DANA A.**  
 STREET ADDRESS **12818 - 129th Ave. No.**  
 CITY-ST-ZIP **Largo, FL 33774**

TITLE **TD** ☐ Delete  
 NAME **HARP, FRED**  
 STREET ADDRESS **12919-127TH AVENUE NORTH**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete  
 NAME **KINDLESPIRE, WENDY**  
 STREET ADDRESS **12813-126TH TERRACE NORTH**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Sheryl Kuzlik**  
 STREET ADDRESS **12829 - 128th Ave. No.**  
 CITY-ST-ZIP **Largo, FL 33774**

TITLE **D** ☐ Delete  
 NAME **DIXON, PHILLIP R**  
 STREET ADDRESS **12930-128TH AVENUE NORTH**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **Dixon, Phillip R.**  
 STREET ADDRESS **12930 - 128th Ave. No.**  
 CITY-ST-ZIP **Largo, FL 33774**

TITLE **D** ☐ Delete  
 NAME **ELLIOTT, JUDY**  
 STREET ADDRESS **11610-128TH LANE NORTH**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **AUBER, HOWARD J**  
 STREET ADDRESS **12933-128TH AVENUE NO.**  
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **D** ☐ Change ☒ Addition  
 NAME **HAUSER, HARRY W.**  
 STREET ADDRESS **12808 - 128th Ave. No; Largo, FL 33774**  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Shelley A. Gaston* **SHELLEY A. GASTON, President**

**4-23-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)