2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 19, 2008
Secretary of State

DOCUMENT# N00000008527

Entity Name: MILL POND HOMEOWNER'S ASSOCIATION OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

12934-127TH AVENUE NORTH
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

12934-127TH AVENUE NORTH
LARGO, FL 33774

New Mailing Address:

FEI Number: 58-2594050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COMEY, MICHAEL
12934-127TH AVENUE NORTH
LARGO, FL 33774 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	COMEY, MICHAEL	
Address:	12934 127TH AVENUE NORTH	
City-St-Zip:	LARGO, FL 33774	
Title:	TD	( ) Delete
Name:	NOCERA, CATHY	
Address:	12919-129TH TERRACE NORTH	
City-St-Zip:	LARGO, FL 33774	
Title:	SD	( ) Delete
Name:	COMEY, COLLEEN	
Address:	12934-127TH AVENUE NORTH	
City-St-Zip:	LARGO, FL 33774	
Title:	D	( ) Delete
Name:	GARCIA, SHERRY	
Address:	12915-129TH TERRACE NORTH	
City-St-Zip:	LARGO, FL 33774	
Title:	D	(X) Delete
Name:	DUNLOP, WARREN	
Address:	12828-129TH AVENUE NORTH	
City-St-Zip:	LARGO, FL 33774	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL COMEY PD 09/19/2008

Electronic Signature of Signing Officer or Director — Date