

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90398 024 \*\*\*\*61.25

<b>DOCUMENT # N09625</b> 1. Entity Name <b>MILLPOND ESTATES SECTION ONE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8056 OLD CR 54 NEW PORT RICHEY, FL 34653 US</b>			Mailing Address <b>C/O COMMUNITY MANAGEMENT SERVICES INC 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business <b>5609 US 19</b>		3. Mailing Address <b>5609 US 19</b>			
Suite, Apt. #, etc. <b>Suite E</b>		Suite, Apt. #, etc. <b>Suite E</b>			
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>			
Zip <b>34652</b>		Country <b>USA</b>		Zip <b>34652</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>COMMUNITY MANAGEMENT SERVICES INC 8056 OLD CR 54 NEW PORT RICHEY, FL 34653</b>				7. Name and Address of New Registered Agent Name <b>Community Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>5609 US 19</b> <b>Suite E</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <span style="float: right;">4/27/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENTZ, WILLIAM 4115 ANDOVER STREET NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barbara Zalenski 4208 Andover St. New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, CONSTANCE 4120 ANDOVER STREET NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GENANNT, JUNE 4212 NORTHAMPTON DR NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, KATHERINE 4131 FOXBORO DRIVE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOOGVEEN, MARY 4124 RANDOLPH ST NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			3/24/06 727816990 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					