

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09625

FILED
May 01, 2007
Secretary of State

Entity Name: MILLPOND ESTATES SECTION ONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5609 US 19
SUITE E
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5609 US 19
SUITE E
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2569187 **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:

COMMUNITY MANAGEMENT
5609 US 19
SUITE E
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

TAMPA BAY PROPERTY MANAGEMENT
8249 KRISTEL CIRCLE
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: JAMIE K. MICK

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZALENSKI, BARBARA
Address: 4208 ANDOVER ST.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD () Delete
Name: SMITH, CONSTANCE
Address: 4120 ANDOVER STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD () Delete
Name: GENANNT, JUNE
Address: 4212 NORTHAMPTON DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Delete
Name: DAVIES, KATHERINE
Address: 4131 FOXBORO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD (X) Delete
Name: HOOGEVEEN, MARY
Address: 4124 RANDOLPH ST
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAINES, FLOYD
Address: 4204 ANDOVER ST.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SEC (X) Change () Addition
Name: HOOGEVEEN, MARY ANN
Address: 4124 ANDOVER STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

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: JAMIE K. MICK

MGR

05/01/2007

Electronic Signature of Signing Officer or Director

Date