ND9625

(Red	questor's Name)	
(Add	Iress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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Achang Theres

COVER LETTER

TO: Amendment Division	ent Section of Corporations			
SUBJECT:	Millpond Esta	tes Section O	ne HOA, Inc	
DOCUMENT N	UMBER:	N0962	25	
The enclosed Stat	ement of Change of Regis	stered Office/Agent	t and fee are submit	ted for filing.
Please return all c	correspondence concerning	g this matter to the	following:	
		Donna Miragli Name of Contact Pe	ia	
	,	Name of Contact Pe	rson	
	First C	Choice Associati	on Mgmt.	
		Firm/Company		
4174 Woodlands Parkway				
		Address		
Palm Harbor, Florida 34684 City/State and Zip Code				
		only/state and Zip (Joue	
	E-mail address: (to be	@firstchoiceme used for future a	tro.com nnual report notifi	ication)
For further inform	nation concerning this mat	ter, please call:		
	Jerry Massie	at (727 ₎	785-8887
Na	ime of Contact Person	P	Area Code & Daytin	ne Telephone Number
Enclosed is a \$35.	.00 check made payable to	o the Department of	f State.	
	Mailing Address: Amendment Secti	on	Street Address:	ction

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nnge is submitted for a co	orporation organize	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	of Florida	
1. The name of	the corporation: Millpo	nd Estates S	ection One Homeowne	ers Association, Ir	ıc
	office address: c/o Firs		ciation Management, Ind rida 34684	С.	_
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:	6/6/1985	Document number:	N09625	_
	d street address of the cur rtment of State: (If resign		nt and registered office on file	e with the	
	Qualified Property	Management			
	5901 US Hwy 19 S	Suite 7Q			
	New Port Richey, I	Florida 34652		TES 2	
6. The name and (if changed):	d street address of the nev	w registered agent ((if changed) and /or registered	Tonice III	
	First Choice Assoc	iation Manager	ment, Inc.		
	4174 Woodlands F			— Sb	
	Palm Harbor, Florid	P.O. Box NOT a da 34684	ссерхане		
The street addre	ess of its registered office		dress of the business office	of its registered agent,	
Such change was authorized by the	as authorized by resolutine board, or the corporate	ion duly adopted b	by its board of directors or by fied in writing of the change	y an officer so	
	re of an officer or director		Printed or typed name		
"I havabu aaaant	the appointment as very	ictored account and	agree to act in this capacity, es relative to the proper and ation of my position as regis registered office address, I h	complete performance tered agent. Or, if this vereby confirm that the	
fame h	nature of Registered Agent	.	/2/22/10		
If signing on be	chalf of an entity:		• 23		
JAMES	M. NOLAN JA	i.			
1	vped or Printed Name				

* * * FILING FEE: \$35.00 * * *