

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09627

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** MILLPOND ESTATES COMMUNITY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 U.S. 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

5901 U.S. 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

C/O QUALIFIED PROPERTY MGMT INC  
5901 US HWY 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

C/O QUALIFIED PROPERTY MGMT INC  
5901 US HWY 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-2569188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 U.S. 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 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  
Name: ZANNETTI, BERNARD  
Address: 4415 DEVON DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: SD  
Name: LOGUE, KATHERINE  
Address: 7840 WOBURN ST  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VD  
Name: OHLERT, VINCENT  
Address: 7900 HARDWICK DRIVE #814  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: TD  
Name: HERRMANN, MARY  
Address: 5901 U.S. 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: D  
Name: KRIVO, DIANE  
Address: 4125 MCCLUNG DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

I hereby 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 all other like empowered.

SIGNATURE: BERNARD ZANNETTI

PD

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date