


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90055 044 ****61.25

DOCUMENT # N10568					
1. Entity Name MILLPOND ESTATES SECTION TWO HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7713 BAL HARBOUR DR NEW PORT RICHEY, FL 34653 US			Mailing Address P. O. BOX 1539 ELFERS, FL 34680 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2578005	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BACON, JOHN 7713 BALHARBOUR DR NEW PORT RICHEY, FL 34653			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 <i>John Bacon</i>		John BACON		3/6/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIRODET, ADRIENNE		NAME	Joseph Marsiello,	
STREET ADDRESS	4212 REVERE CIR		STREET ADDRESS	4249 Boston Cir	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSH, SHIRLEY		NAME	SUZANNE MANDVILLE	
STREET ADDRESS	4202 BOSTON CIR		STREET ADDRESS	4238 REVERE CIR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, JOHN		NAME		
STREET ADDRESS	7713 BALHARBOUR DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONIGAN, PAT		NAME		
STREET ADDRESS	4234 REVERE CIR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUDGE, RICHARD		NAME		
STREET ADDRESS	7721 BALHARBOUR DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>John Bacon</i>		John BACON		3/6/08	
Signature and typed or printed name of signing officer or director				Date	
				727-375-1691	
				Daytime Phone #	