

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10568

FILED
Feb 16, 2009
Secretary of State

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

Current Principal Place of Business:

7713 BAL HARBOUR DR
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1539
ELFERS, FL 34680 US

New Mailing Address:

FEI Number: 59-2578005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACON, JOHN
7713 BALHARBOUR DR
NEW PORT RICHEY, FL 34653 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: D () Delete
Name: GIRODET, ADRIENNE
Address: 4212 REVERE CIR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD (X) Delete
Name: MANDEVILLE, SUZANNE
Address: 4238 REVERE CIR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD () Delete
Name: BACON, JOHN
Address: 7713 BALHARBOUR DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD () Delete
Name: LONIGAN, PAT
Address: 4234 REVERE CIR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD (X) Delete
Name: FUDGE, RICHARD
Address: 7721 BALHARBOUR DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD () Delete
Name: MARSIELLO, JOSEPH
Address: 4249 BOSTON CIR
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BACZYNSKI, CLARENCE
Address: 4254 REVERE CIR
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: VD (X) Change () Addition
Name: GOLD, ALAN
Address: 4212 BOSTON CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34653

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: JOESPH MARSIELLO

TD

02/16/2009

Electronic Signature of Signing Officer or Director

Date