

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90305 007 ****61.25

DOCUMENT # N14943 1. Entity Name MILLPOND ESTATES SECTION THREE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4174 WOODLANDS PKWY PALM HARBOR, FL 34685			Mailing Address 4174 WOODLANDS PKWY PALM HARBOR, FL 34685		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01272005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2763939				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLAND PKWY PALM HARBOR, FL 34685				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2005		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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
	VPD	MCLAUGHLIN, TERRY	4234 NORTHAMPTON DR NEW PORT RICHEY, FL 34653		
	PD	PAELIN, MASSEY	4306 WALTHAM LANE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	
	D	MORENA, PATRICIA	7827 BECKET ST NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	
	SD	DAHL, SUSAN	4239 FOXBORO LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	
	TD	KALVAN, DENISE	4318 WALTHAM LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	
	D	IANNACONE, CAROL	4230 WALTHAM LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	Vice President	Patricia Iannacone	7827 Becket St New Port Richey, FL 34653		
	Director	Barbara Dahl	4239 Foxboro Lane New Port Richey, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	Secretary	Carol Iannacone	4230 Waltham Lane New Port Richey, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	Director	Patricia Paelin	4306 Waltham Lane New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Massey Paelin</u> <u>3-18-05</u> <u>727-326-9362</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					