


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90045 017 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number 59-2763939		Applied For Not Applicable	
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		
FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLAND PKWY PALM HARBOR, FL 34685			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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VP MORENA, PATRICIA 7827 BUDET ST NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T Massey Paelian 4306 Waltham Ln. New Port Richey, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHL, SUSAN 4239 FOX BORO LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Georgia Lamphear 4222 Waltham Ln. New Port Richey, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANNAECONI, CAROL 4230 WALTHAM LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eugene Cogswell 4304 Northampton Dr. New Port Richey, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, RALPH 4309 NORTHAMPTON AVE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANNACONE, CAROL 4230 WALTHAM LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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>Massey Paelian</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				218106 727-785-8887 Date Daytime Phone #	

Massey Paelian