

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15211

FILED
Jan 21, 2009
Secretary of State

Entity Name: MILLPOND TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SEABOARD ARBORS
2189 CLEVELAND ST STE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

C/O SEABOARD ARBORS
2189 CLEVELAND ST STE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2779001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND STREET STE 225
CLEARWATER, FL 33765 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: BURTT, ROBERT
Address: 7900 HARDWICK DR #811
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD () Delete
Name: FALLON, MARGARET
Address: 7924 HARDWICK DRIVE #616
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD () Delete
Name: MARKS, ALBERTA
Address: 7900 HARDWICK DR., #817
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PTD () Delete
Name: MAXFIELD, DEBRA
Address: 7925 HARDWICK DR. #514
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Delete
Name: OHLET, VINCE
Address: 7900 HARDUCK DR. #814
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: MAXFIELD, DEBRA
Address: 301 HAMPSHIRE AVENUE
City-St-Zip: SPRING HILL, FL 34606

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: DEBRA MAXFIELD

PTD

01/21/2009

Electronic Signature of Signing Officer or Director

Date