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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:18

DOCUMENT # **N19502** **(6)**

1. Corporation Name
THE POND ROAD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7 POND ROAD P.O. BOX 1609 DAVENPORT FL 33837-9792	7 POND ROAD P.O. BOX 1609 DAVENPORT FL 33837-9792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1987
3a. Date of Last Report: 04/07/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GRIMES, LILA
120 POND RD
DAVENPORT FL 33837

10. Name and Address of New Registered Agent

81 Name: LILA GRIMES
82 Street Address (P.O. Box Number is Not Acceptable): 120 POND ROAD
83: DAVENPORT
84 City: FL 85 Zip Code: 33837

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lila V. Grimes — 4/4/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	TROYER, ROBIN	12 NAME	
STREET ADDRESS	132 POND RD	13 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BENINCASE, MICKEY	22 NAME	
STREET ADDRESS	135 POND RD	23 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	GRIMES, LILA	32 NAME	
STREET ADDRESS	120 POND ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BENINCASE, RICHARD	42 NAME	
STREET ADDRESS	128 POND RD.	43 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	GILES, EVERETT	52 NAME	
STREET ADDRESS	108 POND RD	53 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	RIGNOLA, TONY	62 NAME	
STREET ADDRESS	127 POND RD	63 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lila V. Grimes — APRIL 4, 1995 — 813-421-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
LILA V. GRIMES

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