

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N19502 (6)**  
1. Corporation Name  
**THE POND ROAD PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business  
**120 Pond Road**  
~~7 POND ROAD~~  
P.O. BOX 1609  
DAVENPORT FL 33837-9792

Mailing Address  
**120 Pond Road**  
~~7 POND ROAD~~  
P.O. BOX 1609  
DAVENPORT FL 33837-9792



2. Principal Place of Business  
21 **120 Pond Road**  
Suite, Apt. #, etc.  
22 **Br**  
City & State  
23 **Davenport, Polk**  
Zip Country  
24 **33837** 25 **U.S.A.**  
26 **PO Box 1609, Davenport**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Davenport, FLA**  
Zip Country  
29 **33837** 30 **U.S.A.**

3. Date Incorporated or Qualified  
**03/03/1987**  
3a. Date of Last Report  
**04/12/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

## 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  
**GRIMES LILA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**120 Pond Road**  
83  
84 City  
**Davenport** FL 85 Zip Code  
**33837**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Lila Grimes, s/r**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/20/96**  
DATE

## 12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
VP	TROYER, ROBIN	132 POND RD	DAVENPORT FL	<input type="checkbox"/>
D	BENINCASE, MICKEY	135 POND RD	DAVENPORT FL	<input type="checkbox"/>
ST	GRIMES, LILA	120 POND ROAD	DAVENPORT FL	<input type="checkbox"/>
D	BENINCASE, RICHARD	128 POND RD.	DAVENPORT FL	<input checked="" type="checkbox"/>
P	GILES, EVERETT	108 POND RD	DAVENPORT FL	<input type="checkbox"/>
D	RIGNOLA, TONY	127 POND RD	DAVENPORT FL	<input type="checkbox"/>

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director	CLARE ROGERSON	144 POND ROAD	DAVENPORT, FLA 33837	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/96** **941-421-1444**  
Date Daytime Phone #

CR2E037 (12/95)