

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 18 1997 8:00am
Secretary of StateDOCUMENT # **N19502 (6)**

1. Corporation Name

THE POND ROAD PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

120 POND ROAD
P.O. BOX 1609
DAVENPORT FL 33837-9792
USP.O. BOX 1609
DAVENPORT FL 33836-1609
US3. Date Incorporated or Qualified
03/03/19873a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 **128 Pond Road**25 **P.O. Box 1609**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Davenport, Fla.**27 **Davenport**

City & State

City & State

23 **33837**

Country

28 **FLA**

Zip

Country

24 **33837**25 **U.S.A**29 **33837**30 **U.S.A**4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIMES, LILA
120 POND RD
DAVENPORT FL 33837

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE
NAME **VP**
STREET ADDRESS **TROYER, ROBIN**
CITY-ST-ZIP **132 POND RD**
DAVENPORT FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **D. Cecily Benincasa**
1.3 STREET ADDRESS **127 Pond Road**
1.4 CITY-ST-ZIP **Davenport, FLA 33837**TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BENINCASA MICKEY**
CITY-ST-ZIP **135 POND RD**
DAVENPORT FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **GRIMES, LILA**
CITY-ST-ZIP **120 POND ROAD**
DAVENPORT FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROGERSON, CLARE**
CITY-ST-ZIP **144 POND ROAD**
DAVENPORT FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **P**
STREET ADDRESS **GILES, EVERETT**
CITY-ST-ZIP **108 POND RD**
DAVENPORT FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☒ DELETE
NAME **D Cecily Benincasa**
STREET ADDRESS **RIGNOLA, TONY**
CITY-ST-ZIP **127 POND RD**
DAVENPORT FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Daytime Phone # 0084081

CR2E037 (9/96)