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**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19502**

1. Corporation Name

**THE POND ROAD PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

128 POND RD  
 DAVENPORT FL 33836  
 US

PO BOX 1609  
 DAVENPORT FL 33836  
 US



2. Principal Place of Business

2a. Mailing Address

21 138 Pond Rd

26 PO Box 1609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Davenport

27 Davenport

City & State

City & State

23 FLA Polk

28 FLA

Zip

Country

Zip

Country

24 33837

25

29 33836

30

Polk

3. Date Incorporated or Qualified

03/03/1987

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

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

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

*Lila V. Grimes*

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CECILY BENINCASA  
 STREET ADDRESS 135 POND ROAD  
 CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☒ DELETE

NAME TROYER, ROBIN  
 STREET ADDRESS 131 POND RD  
 CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☒ DELETE

NAME GRIMES, LILA  
 STREET ADDRESS 120 POND ROAD  
 CITY-ST-ZIP DAVENPORT FL

TITLE ☒ DELETE

NAME ROGERSON, CLARE  
 STREET ADDRESS 144 POND ROAD  
 CITY-ST-ZIP DAVENPORT FL

TITLE ☐ DELETE

NAME GILES, NANCY  
 STREET ADDRESS 108 POND RD  
 CITY-ST-ZIP DAVENPORT FL

TITLE ☐ DELETE

NAME D POUTZ  
 STREET ADDRESS 140 POND ROAD  
 CITY-ST-ZIP DAVENPORT FL 33837

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Vice President ☒ Change ☐ Addition

1.2 NAME

Robin Troyer

1.3 STREET ADDRESS

131 Pond Rd

1.4 CITY-ST-ZIP

Davenport, FLA 33837

2.1 TITLE

President ☒ Change ☐ Addition

2.2 NAME

Lewis White

2.3 STREET ADDRESS

Pond Rd

2.4 CITY-ST-ZIP

Davenport, FLA 33837

3.1 TITLE

Director ☒ Change ☐ Addition

3.2 NAME

Everett Giles

3.3 STREET ADDRESS

108 Pond Rd

3.4 CITY-ST-ZIP

Davenport, Fla. 33837

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Lila V. Grimes* SIGNATURE REQUIRED

LILA V. GRIMES 3/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN37 (11/98)