

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19502

1. Entity Name

THE POND ROAD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

128 POND RD
DAVENPORT FL 33837
US

Mailing Address

PO BOX 1609
DAVENPORT FL 33836-1609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMES, LILA
120 POND RD
DAVENPORT FL 33837

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME CECILY BENINCASA
STREET ADDRESS 135 POND ROAD
CITY-ST-ZIP DAVENPORT FL 33837

TITLE D ☐ Change ☒ Addition
NAME EUCROT GILES
STREET ADDRESS 108 POND ROAD
CITY-ST-ZIP DAVENPORT, FLA. 33837

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

TITLE ☒ Change ☐ Addition
NAME Rosemary Markstaller
STREET ADDRESS 136 Pond Road
CITY-ST-ZIP DAVENPORT, FLA. 33837

TITLE T ☐ Delete
NAME GRIMES, LILA
STREET ADDRESS 120 POND ROAD
CITY-ST-ZIP DAVENPORT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME WHITE, LEWIS
STREET ADDRESS POND RD
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GILES, NANCY
STREET ADDRESS 108 POND RD
CITY-ST-ZIP DAVENPORT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME POUTZ, RACHEL
STREET ADDRESS 140 POND ROAD
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lila V. Munier 5/29/2000

Date

Daytime Phone # 421-



DO NOT WRITE IN THIS SPACE

C-2E137 (9/99)