

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90141 002 ****61.25

DOCUMENT # N19502

1. Entity 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

3. Mailing Address

128 Pond Road

P.O. Box 1609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Davenport, FLA

Davenport, FLA

Zip

Country

Zip

Country

33837

POIK

33836

POIK

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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	T	<input type="checkbox"/> Delete
NAME	MARKSTALLER, ROSEMARY	
STREET ADDRESS	136 POND RD	
CITY-ST-ZIP	DAVENPORT FL 33837	Same
TITLE	V	<input type="checkbox"/> Delete
NAME	TROYER, ROBIN	
STREET ADDRESS	131 POND RD	
CITY-ST-ZIP	DAVENPORT FL 33837	Same
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIMES, LILA	
STREET ADDRESS	120 POND ROAD	
CITY-ST-ZIP	DAVENPORT FL	Same
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, LEWIS	
STREET ADDRESS	POND RD	
CITY-ST-ZIP	DAVENPORT FL 33837	Same
TITLE	T	<input type="checkbox"/> Delete
NAME	TROYER, DORIS	
STREET ADDRESS	128 POND RD	
CITY-ST-ZIP	DAVENPORT FL 33837	Same
TITLE	S	<input type="checkbox"/> Delete
NAME	BENINCASE, RICHARD	
STREET ADDRESS	138 POND RD	
CITY-ST-ZIP	DAVENPORT FL 33837	Same

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Lila V. Grimes 7/22/02

CR2E037 (4/02)