


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90075 049 \*\*\*\*61.25

<b>DOCUMENT # N27615</b> 1. Entity Name <b>MILLPOND ESTATES SECTION FIVE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4174 WOODLANDS PKY PALM HARBOR, FL 34685</b>			Mailing Address <b>4174 WOODLANDS PKY PALM HARBOR, FL 34685</b>		
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 <b>59-2986860</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLANDS PKWY PALM HARBOR, FL 34685</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KIER, JIM 7923 WOBURN NEW PORT RICHEY, FL 34653</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Kathy Logue 7910 Abbots New Port Richey FL 34653</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NORDYKE, SCOTT 7505 HAMLET NEW PORT RICHEY, FL 34653</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. President Glen Cannell 7903 Abbots New Port Richey FL 34653</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NOORTS, GEORGE 4414 DEVON NEW PORT RICHEY, FL 34653</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director P. H. Hermann 7911 Abbots New Port Richey FL 34653</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GILBERT, PEGGY 4340 NORTHAMPTON NEW PORT RICHEY, FL 34653</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RAMIREZ, GLENDA 4500 NORTHAMPTON NEW PORT RICHEY, FL 34653</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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.					
<b>SIGNATURE: <i>Katherine Logue</i> KATHERINE LOGUE</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>				<b>3/22/05 727-375-8911</b> <small>Date Daytime Phone #</small>	

00031202



01112005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

FL Zip Code