

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90037 017 ****61.25

DOCUMENT # N34940

1. Entity Name
MILLPOND LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4575 WHITTON WAY
#1128
NEW PORT RICHEY, FL 34653**

Mailing Address
**% TRADEMARK CAPITAL
5328 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652**

40045660



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2977364

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CARTER, CAROLYN S
5328 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SCUTELLA, ANTHONY
STREET ADDRESS 4575 WHITTON WAY #1128
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

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

TITLE VPD ☒ Delete
NAME ELFMAN, STEVE
STREET ADDRESS 4515 WHITTON WAY, #113
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☒ Change ☐ Addition
NAME **V.P.D.**
STREET ADDRESS **PORCARO, PETER**
CITY-ST-ZIP **4575 WHITTON WAY - #1124**
NEW PORT RICHEY, FL 34653

TITLE TD ☐ Delete
NAME HERRMANN, MARY
STREET ADDRESS 4515 WHITTON WAY #124
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

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

TITLE D ☐ Delete
NAME COOLING, LARRY
STREET ADDRESS 4529 WHITTON WY # 227
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

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

TITLE D ☐ Delete
NAME BALSAMO, ARTHUR
STREET ADDRESS 4575 WHITTON WAY #1127
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter Porcero

3/6/08