

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34940

FILED
Feb 16, 2009
Secretary of State

Entity Name: MILLPOND LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4575 WHITTON WAY
#1128
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2977364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCUTELLA, ANTHONY
Address: 4575 WHITTON WAY #1128
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD () Delete
Name: PORCARO, PETER
Address: 4575 WHITTON WAY #1124
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD () Delete
Name: HERRMANN, MARY
Address: 4515 WHITTON WAY, #124
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: COOLING, LARRY
Address: 4529 WHITTON WY # 227
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: BALSAMO, ARTHUR
Address: 4575 WHITTON WAY #1127
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THACKER, JANE
Address: 4575 WHITTON WAY #1118
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY COOLING

D

02/16/2009

Electronic Signature of Signing Officer or Director

Date