FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:26

DOCUMENT # N38467 (9)

1. Corporation Name

VILLAGE ON THE POND COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CECILLIA DENSON 1938 BRAINERD COURT LUTZ FL 33549	C/O CECILLIA DENSON 1938 BRAINERD COURT LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3077379 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C/O CECILIA DENSON
1938 BRAINERD COURT
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	LEWIS BECKWITH	1.2 NAME	Michael Payne
STREET ADDRESS	1973 BRAINERD CT.	1.3 STREET ADDRESS	1949 Cloverdale Ct
CITY ST ZIP	LUTZ FL 33549	1.4 CITY ST ZIP	Lutz, FL 33549
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	GARY MAYS	2.2 NAME	Stephen McMinn
STREET ADDRESS	1949 CHENEY CT.	2.3 STREET ADDRESS	1906 Brainerd Ct
CITY ST ZIP	LUTZ FL 33549	2.4 CITY ST ZIP	Lutz, FL 33549
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MARIO DITROCA	3.2 NAME	Christopher Smith
STREET ADDRESS	1909 BRAINERD CT.	3.3 STREET ADDRESS	1952 Brainerd Ct
CITY ST ZIP	LUTZ FL 33549	3.4 CITY ST ZIP	Lutz, FL 33549
TITLE	P	4.1 TITLE	P ☒ Change ☐ Addition
NAME	BRYAN WIGGINTON,	4.2 NAME	Veronica Presnell
STREET ADDRESS	1923 BRAINERD CT.	4.3 STREET ADDRESS	1943 Brainerd Ct
CITY ST ZIP	LUTZ FL 33549	4.4 CITY ST ZIP	Lutz, FL 33549
TITLE	V	5.1 TITLE	V ☒ Change ☐ Addition
NAME	JOHN BOSEK,	5.2 NAME	Joseph Devlin
STREET ADDRESS	1903 BRAINERD CT.	5.3 STREET ADDRESS	1906 Cloverdale Ct
CITY ST ZIP	LUTZ FL 33549	5.4 CITY ST ZIP	Lutz, FL 33549
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	CECILIA DENSON,	6.2 NAME	**REMITTED BY MAY 1**
STREET ADDRESS	1938 BRAINERD CT.	6.3 STREET ADDRESS	
CITY ST ZIP	LUTZ FL 33549	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ST Cecilia M Denson — Cecilia M Denson 25 Apr 95 813-948-2192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062847