FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 06/06/1990
3a. Date of Last Report: 05/01/1995

4. FEI Number: ~~59-3077379~~ 59-3205350 ☐ 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

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 c/o Susan Thompson	26 c/o Susan Thompson
Suite, Apt. #, etc. 22 1921 Cloverdale Ct	Suite, Apt. #, etc. 27 1921 Cloverdale Ct
City & State 23 Lutz FL	City & State 28 Lutz FL
Zip / Country 24 33549 25 Pasco	Zip / Country 29 33549 30 Pasco

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: Susan Thompson
82 Street Address (P.O. Box Number is Not Acceptable): 1921 Cloverdale Ct
83
84 City: Lutz FL 85 Zip Code: 33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Susan Thompson — Susan Thompson - Secretary — DATE: 3-6-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYNE, MICHAEL 1949 CLOVERDALE CT LUTZ FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMINN, STEPHEN 1906 BRAINERD CT LUTZ FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, CHRISTOPHER 1952 BRAINERD CT LUTZ FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Robert Satterfield 1948 Cloverdale Ct Lutz, FL 33549	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRESNELL, VERONICA 1943 BRAINERD CT LUTZ FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DELVIN, JOSEPH 1906 CLOVERDALE CT LUTZ FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CECILIA DENSON, 1938 BRAINERD CT. LUTZ FL 33549	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	S Susan Thompson 1921 Cloverdale Ct Lutz, FL 33549	☐ Change ☑ Addition

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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: Susan M. Thompson — Susan M. Thompson - Sec - 3/6/96 — 813-949-9559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054028