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Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 Cecilia Denson 1938 Brainerd Ct Lutz, FL 33549	P.O. BOX 2218 LUTZ, FL 33548 US

3. Date Incorporated or Qualified: 06/06/1990

4. FEI Number: 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

SUSAN THOMPSON
1921 CLOVERDALE CT.
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: Cecilia Denson
82 Street Address (P.O. Box Number is Not Acceptable): 1938 Brainerd 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: [signature] Cecilia M. Denson 30 Sep 98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	JONES, JACK		1.2 NAME	Steve Winteral	
STREET ADDRESS	1915 BRAINERD CT		1.3 STREET ADDRESS	1920 Brainerd Ct	
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP	Lutz, FL 33549	
TITLE	D	☐ DELETE	2.1 TITLE	S,T,D	☒ Change ☐ Addition
NAME	MCMINN, STEPHEN		2.2 NAME	Cecilia Denson	
STREET ADDRESS	1906 BRAINERD CT		2.3 STREET ADDRESS	1938 Brainerd Ct	
CITY-ST-ZIP	LUTZ FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BECKWITH, LEWIS		3.2 NAME	Stephen McMinn	
STREET ADDRESS	1973 BRAINERD CT		3.3 STREET ADDRESS	1906 Brainerd Ct	
CITY-ST-ZIP	LUTZ FL 33549		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	DENSON, CECILIA		4.2 NAME	Susan Thompson	
STREET ADDRESS	1938 BRAINERD CT		4.3 STREET ADDRESS	1921 Cloverdale Ct	
CITY-ST-ZIP	LUTZ FL 33549		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	DITROIA, MARIO		5.2 NAME	Daniel Opila	
STREET ADDRESS	1909 BRAINERD CT		5.3 STREET ADDRESS	21614 Wytheville Wy	
CITY-ST-ZIP	LUTZ FL 33549		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, SUSAN		6.2 NAME		
STREET ADDRESS	1921 CLOVERDALE CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: [signature] Cecilia M. Denson 30 Sep 98 813 949 2132