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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38467**

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 US	1938 Brainerd Ct. Lutz, FL 33549 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/06/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3205350 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DENSON, CECILIA
1938 BRAINERD CT
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 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 Cecilia Denson — Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE 27 Apr 99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WINTERAL, STEVE		1.2 NAME		
STREET ADDRESS	1920 BRAINERD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DENSON, CECILIA		2.2 NAME		
STREET ADDRESS	1938 BRAINERD CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCMINN, STEPHEN		3.2 NAME		
STREET ADDRESS	1906 BRAINERD CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, SUSAN		4.2 NAME		
STREET ADDRESS	1921 CLOVERDALE CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OPILA, DANIEL		5.2 NAME		
STREET ADDRESS	21614 WYTHEVILLE WAY		5.3 STREET ADDRESS		
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 27 Apr 99 Daytime Phone # (813) 948-2132