2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90052 032 ****61.25

DOCUMENT # N38467

1. Entity Name

VILLAGE ON THE POND COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
VANGUARD MGMT. 9300 16 ST. TAMPA FL 33612 US	VANGUARD MGMT. 9300 16 ST. TAMPA FL 33612 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3205350 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WINFIELD, JANET
9300 N. 16 ST.
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Janet Winfield Janet Winfield 2-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANCHEZ, JUDY 1953 BRAINERD CT LUTZ FL 33549	☐ Delete	STD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DENSON, CECILIA 1938 BRAINERD CT LUTZ FL 33549	☒ Delete	D Michelle Devlin 1906 Cloverdale Ct. Lutz FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMINN, STEPHEN 1906 BRAINERD CT LUTZ FL 33549	☒ Delete	D Eleanor Davis 1923 Brainerd Ct. Lutz FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THOMPSON, SUSAN 1921 CLOVERDALE CT LUTZ FL 33549	☐ Delete	D Donna Ruhmel 1927 Cloverdale Ct. Lutz FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ISLES, MICHELLE 1933 BRAINERD CT. LUTZ FL 33549	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAINERD, MARIO 1909 BLAINERD CT LUTZ FL 33549	☒ Delete	D Carol Olivieri 1948 Cheney Ct. Lutz FL 33549	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle M. Isles 2/4/04 813-909-1463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #