2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90295 045 ****61.25

DOCUMENT # N38467

1. Entity 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	C/O CECILIA DENSON 1938 BRAINERD CT LUTZ FL 33549 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
VANGUARD MGMT.	VANGUARD MGMT.
Suite, Apt. #, etc.: 9300 N. 16 ST	Suite, Apt. #, etc.: 9300 N. 16 ST.
City & State: TAMPA, FL	City & State: TAMPA, FL.
Zip: 33612 Country: US	Zip: 33612 Country: US

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

DENSON, CECILIA
1938 BRAINERD CT
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name: WINFIELD, JANET
Street Address (P.O. Box Number is Not Acceptable): 9300 N. 16 ST
City: TAMPA FL Zip Code: 33612

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: X Janet Winfield AGENT — JANET WINFIELD 3-28-03
(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

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	P SANCHEZ, JUDY 1953 BRAINERD CT LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DENSON, CECILIA 1938 BRAINERD CT LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMINN, STEPHEN 1906 BRAINERD CT LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, SUSAN 1921 CLOVERDALE CT LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OPILA, DANIEL 21614 WYTHEVILLE WAY LUTZ FL 33549	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D FSLES, MICHELLE 1933 BRAINERD CT. LUTZ, FL 33549	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DETROIA, MARIO 1909 BRAINERD CT LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAINERD	☑ Change ☐ Addition

CR2E037 (10/02)

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: X SIGNATURE REQUIRED AGENT — JANET WINFIELD 3-28-03 (813) 930-8036