2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000687

1. Entity Name
VILLAGE ON THE POND PHASE II COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21834 MIMS WAY LUTZ, FL 33549 US	P O BOX 353 LUTZ, FL 33548-0353 US

DO NOT WRITE IN THIS SPACE

04152005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-3232840	Not Applicable

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

6. Name and Address of Current Registered Agent

FLEMING, KAY
21834 MIMS WAY
LUTZ, FL 33549

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRAHAM, JOHN
STREET ADDRESS	21719 MIMS WAY
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	SD
NAME	FLEMING, KAY
STREET ADDRESS	21834 MIMS WAY
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VTD
NAME	PARHAM, MYRIAM
STREET ADDRESS	21812 MIMS WAY
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Myriam Parham , Director 4/18/05 813-949-5185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #