

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90078 032 \*\*\*\*61.25

40046310



01042006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N94000000687</b> 1. Entity Name <b>VILLAGE ON THE POND PHASE II COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>21834 MIMS WAY</b> <b>LUTZ, FL 33549 US</b>			Mailing Address <b>21834 Mims Way</b> <b>Lutz, FL 33549</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FLEMING, KAY</b> <b>21834 MIMS WAY</b> <b>LUTZ, FL 33549</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAHAM, JOHN		NAME		
STREET ADDRESS	21719 MIMS WAY		STREET ADDRESS		
CITY- ST- ZIP	LUTZ, FL 33549		CITY- ST- ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLEMING, KAY		NAME		
STREET ADDRESS	21834 MIMS WAY		STREET ADDRESS		
CITY- ST- ZIP	LUTZ, FL 33549		CITY- ST- ZIP		
TITLE	VTD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARHAM, MYRIAM		NAME		
STREET ADDRESS	21812 MIMS WAY		STREET ADDRESS		
CITY- ST- ZIP	LUTZ, FL 33549		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Myriam Parham</i>			4/10/06 813-949-5185		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		