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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001983
1. Corporation Name

Millpond Estates Section Four Homeowners Association, Inc.

400001449084
-04/06/95--01031--018
*****68.75 *****68.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
Sunstate Accounting
P.O. Box 1191
Oldsmar, Fl. 34677

3. Date Incorporated or Qualified 4/21/94 3a. Date of Last Report unknown
4. FEI Number 59-3254247 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Sunstate Accounting 25 P.O. Box 1191
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
Oldsmar, Fl.
24 Zip 34677 25 Country Pinellas 29 Zip 30 Country

5. Certificate of Status Desired \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Jerry Wicky
221 Lafayette Blvd.
Oldsmar, Fl. 34677

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Jerry Wicky/Director *Jerry Wicky* DATE 3/16/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Wicky	1.2 NAME	
STREET ADDRESS	221 Lafayette Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Oldsmar, Fl. 34677	1.4 CITY-ST-ZIP	
TITLE	Trustee	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Zuckerman	2.2 NAME	
STREET ADDRESS	7651 Morningdale Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	New Port Richey, Fl. 34653	2.4 CITY-ST-ZIP	
TITLE	Trustee	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Frank	3.2 NAME	
STREET ADDRESS	10010 U.S. 19 N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Port Richey, Fl. 34668	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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.

SIGNATURE: Jerry Wicky *Jerry Wicky* DATE 3/16/95 813-855-9546
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR Date Daytime Phone #