

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 08 1996 8:00 am
Secretary of State

DOCUMENT # N94000001983 (5)

1. Corporation Name

MILLPOND ESTATES SECTION FOUR HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% SUNSTATE ACCOUNTING
P.O. BOX 1191
OLDSMAR FL 34677

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P.O. BOX 1191
OLDSMAR FL 34677

3. Date Incorporated or Qualified
04/21/1994

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 ROBERT PARSONS

26 ROBERT PARSONS

4. FEI Number
59-3254247

Applied For
Not Applicable

22 4140 McClung DR
City & State

27 4140 McClung DR
City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 NEW PORT RICHEY FL
City & State

28 NEW PORT RICHEY FL
City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 34653
Zip Country

25 PASCO

29 34653
Zip Country

30 PASCO

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WICKY, JERRY
221 LAFAYETTE BLVD
OLDSMAR FL 34677

81 Name ROBERT PARSONS

82 Street Address (P.O. Box Number is Not Acceptable)
4140 MC CLUNG DRIVE

83

84 City NEW PORT RICHEY

FL 85 Zip Code 34653

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Robert Parsons

ROBERT PARSONS

5/10/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME FRANK, JOHN
STREET ADDRESS 10010 US 19 N
CITY-ST-ZIP PORT RICHEY FL

11 TITLE P Change Addition
12 NAME BETTY ANN JACOBY
13 STREET ADDRESS 4327 OLIN STREET
14 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE DELETE
NAME ZUCKERMAN, RALPH
STREET ADDRESS 7651 MORNINGDALE DR
CITY-ST-ZIP PORT RICHEY FL

21 TITLE V / T Change Addition
22 NAME ROBERT PARSONS
23 STREET ADDRESS 4140 MCCLUNG DR.
24 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE DELETE
NAME WICKY, JERRY
STREET ADDRESS 221 LAFAYETTE BLVD
CITY-ST-ZIP OLDSMAR FL

31 TITLE S Change Addition
32 NAME CONCETTA TRIPPE
33 STREET ADDRESS 4333 OLIN STREET
34 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE D Change Addition
42 NAME KENNETH LOVELLY
43 STREET ADDRESS 4150 MCCLUNG DR.
44 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE D Change Addition
52 NAME LEO JACOBY
53 STREET ADDRESS 4327 OLIN STREET
54 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Bank deposit \$ 61.25

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 119.07(3)(k), 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:

Robert Parsons

ROBERT PARSONS TRES. 5/10/96

813-372-6765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05 719 196

CR2E037 (12/95)