

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Aug 27 1998 8:00am
 Secretary of State

DOCUMENT # N94000001983 (5)

1. Corporation Name
MILLPOND ESTATES SECTION FOUR HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % ROBERT PARSONS 4140 MC CLUNG DR NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified
04/21/1994
 4. FEI Number **59-3254247**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
PARSONS, ROBERT
4140 MC CLUNG DRIVE
NEW PORT RICHEY FL 34653

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 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* (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACOBY, BETTY A	
STREET ADDRESS	4327 OLIN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	PARSONS, ROBERT	
STREET ADDRESS	4140 MC CLUNG DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TRIPPE, CONCETTA T	
STREET ADDRESS	4333 OLIN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BALSAMO, DEBORAH	
STREET ADDRESS	4334 MCCLUNG DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POLLACK, DAVID	
STREET ADDRESS	4133 MCCLUNG DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHTER, NORBERT	
STREET ADDRESS	4214 MCCLUNG DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Parsons	
1.3 STREET ADDRESS	4140 mc clung DR	
1.4 CITY-ST-ZIP	New Port Richey FL 34653	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARY JANE KUHN	
2.3 STREET ADDRESS	7651 MORNINGDALE DR	
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
3.1 TITLE	SECT.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIANE KRIVO	
3.3 STREET ADDRESS	4125 MCCLUNG DR	
3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NORBERT RICHTER	
4.3 STREET ADDRESS	4214 MCCLUNG DR	
4.4 CITY-ST-ZIP	N.P.R. FL 34653	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT GERHART	
5.3 STREET ADDRESS	7646 MORNINGDALE DR	
5.4 CITY-ST-ZIP	N.P.R. - FL 34653	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BOUG-ENLERT	
6.3 STREET ADDRESS	7624 MORNINGDALE DR	
6.4 CITY-ST-ZIP	N.P.R. FL 34653	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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 Pres* Aug 1 1998 813379 0561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)