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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001983

1. Corporation Name

MILLPOND ESTATES SECTION FOUR HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

% ROBERT PARSONS
4140 MC CLUNG DR
NEW PORT RICHEY FL 34653

Mailing Address

% ROBERT PARSONS
4140 MC CLUNG DR
NEW PORT RICHEY FL 34653



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/21/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3254247
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
30	30	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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.		\$5.00 May Be Added to Fees

PARSONS, ROBERT
4140 MC CLUNG DRIVE
NEW PORT RICHEY FL 34653

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

SIGNATURE *Robert Parsons*
Signature, typed or printed name of registered agent and title if applicable.

Robert
(NOTE: Registered Agent signature required when reinstating)

Jan-18-1999
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHNS, MARY JANE	1.2 NAME	
STREET ADDRESS	7651 MORNINGDALE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	P/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, ROBERT	2.2 NAME	
STREET ADDRESS	4140 MC CLUNG DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIVD, DIANE	3.2 NAME	
STREET ADDRESS	4125 MCCLUNG DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, NORBERT	4.2 NAME	
STREET ADDRESS	4214 MCCLUNG DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERHART, ROBERT	5.2 NAME	
STREET ADDRESS	7646 MORNINGDALE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHTER, NORBERT	6.2 NAME	D THOMAS ISNARDI
STREET ADDRESS	4214 MCCLUNG DRIVE	6.3 STREET ADDRESS	7610 MORNINGDALE DR
CITY-ST-ZIP	NEW PORT RICHEY FL	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)(i), 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, with all other like empowered.

SIGNATURE: *Norbert Richter* **NORBERT C. RICHTER** 2/1/99 727372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)