

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001983

1. Entity Name

MILLPOND ESTATES SECTION FOUR HOMEOWNER'S ASSOCI

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90037 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

% ROBERT PARSONS  
 4140 MC CLUNG DR  
 NEW PORT RICHEY FL 34653-7201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3254247

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP  Delete  
 NAME KUHNS, MARY JANE  
 STREET ADDRESS 7651 MORNINGDALE DR  
 CITY-ST-ZIP NEW PORT RICHEY FL

TITLE  Change  Addition  
 NAME ARSENAU, KAREN  
 STREET ADDRESS 4210 MC CLUNG DR  
 CITY-ST-ZIP N. P. R. FL

TITLE  Delete  Add  
 NAME PARSONS, ROBERT  
 STREET ADDRESS 4140 MC CLUNG DR  
 CITY-ST-ZIP NEW PORT RICHEY FL

TITLE  Change  Addition  
 NAME PARSONS, ROBERT  
 STREET ADDRESS 4140 MC CLUNG DR  
 CITY-ST-ZIP N. P. R. FL

TITLE  Delete  Add  
 NAME KRIVD, DIANE  
 STREET ADDRESS 4125 MCCLUNG DR  
 CITY-ST-ZIP NEW PORT RICHEY FL

TITLE  Change  Addition  
 NAME KRIVD, DIANE  
 STREET ADDRESS 4125 MCCLUNG DR  
 CITY-ST-ZIP N. P. R. FL

TITLE  Delete  Add  
 NAME RICHTER, NORBERT  
 STREET ADDRESS 4214 MCCLUNG DR  
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE  Change  Addition  
 NAME RICHTER, NORBERT  
 STREET ADDRESS 4214 MCCLUNG DR  
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE  Delete  Add  
 NAME GERHART, ROBERT  
 STREET ADDRESS 7646 MORNINGDALE DR  
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE  Change  Addition  
 NAME GERHART, ROBERT  
 STREET ADDRESS 7646 MORNINGDALE DR  
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE  Delete  Add  
 NAME ISNARDI, THOMAS  
 STREET ADDRESS 7610 MORNINGDALE DR.  
 CITY-ST-ZIP NEW PORT RICHEY FL 34683

TITLE  Change  Addition  
 NAME ISNARDI, THOMAS  
 STREET ADDRESS 7610 MORNINGDALE DR.  
 CITY-ST-ZIP NEW PORT RICHEY FL 34683

12. 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 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.

SIGNATURE: NORBERT RICHTER 3-27-00 727-372-0377  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #