

N/94000001983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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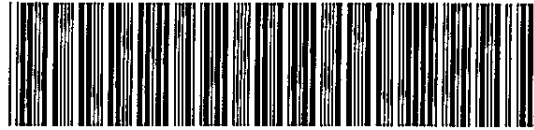
(Business Entity Name)

(Document Number)

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FOR
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MILLPOND ESTATES SECTION FOUR HOMEOWNERS ASSO, INC
(Name of corporation)

DOCUMENT NUMBER: N94 00000 1983

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT PARSONS
(Name of person)

MILLPOND ESTATES SECTION FOUR HOMEOWNERS ASSOCIATION INC
(Name of firm/company)

4140 McCLUNG DR
(Address)

NEW PORT RICHEY FL - 34653
(City/state and zip code)

For further information concerning this matter, please call:

Robert Parsons at (227) 372-0561
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MILFORD ESTATES SECTION FOUR HOMEOWNERS ASSOCIATION INC

2. The principal office address: 7789 MORNINGDALE DRIVE

3. The mailing address (if different): 4140 McCLUNG DR
NEW PORT RICHEY FL 34653

4. Date of incorporation/qualification: APR-21-1994 Document number: N94000051983

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

% NORBERT RICHTER SR.
4214 McCLUNG DR
NEW PORT RICHEY FL 34653

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT PARSONS
4140 McCLUNG DR
(P.O. Box or personal mailbox NOT acceptable)
NEW PORT RICHEY FL 34653

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Robert Parsons
(Signature of an officer or director)

ROBERT PARSONS PRES
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Robert Parsons
(Signature of Registered Agent)

JUNE 22-04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***