


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90010 041 ****62.25

DOCUMENT # N94000001983

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



Principal Place of Business
 MILLPOND CLUBHOUSE
 7729 MORNINGDALE DR.
 NEW PORT RICHEY, FL 34653

Mailing Address
 C/O ROBERT PARSONS
 4140 MCCLUNG DR.
 NEW PORT RICHEY, FL 34653



2. Principal Place of Business
 MILLPOND CLUBHOUSE
 Suite, Apt. #, etc.
 7729 MORNINGDALE DR
 City & State
 NEW PORT RICHEY, FL
 Zip
 34653 Country
 USA

3. Mailing Address
 C/O THOMAS ISHART
 Suite, Apt. #, etc.
 740 MORNINGDALE DR
 City & State
 NEW PORT RICHEY, FL
 Zip
 34653 Country
 USA

02272005 Chg-NP CR2E037 (10/03)

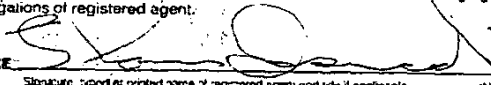
4. FEI Number
 59-3254247 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 PARSONS, ROBERT.
 4140 MCCLUNG DR.
 NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent
 Name: THOMAS ISHART
 Street Address (P.O. Box Number is Not Acceptable)
 7610 MORNINGDALE DR.
 City: NEW PORT RICHEY FL Zip Code: 34653

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 3-7-05

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARSON, ROBERT 4140 MCCLUNG DR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARUSO, JOAN 4217 MCCLUNG DR. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DEIGNAN, TRACY 4209 MCCLUNG DR NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONCE, LLOYD 7624 MORNINGDALE DR NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, EDWARD 4247 OLIN ST NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYLSKI, BARBARA 4204 MCCLUNG DR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARSONS, ROBERT 4140 MCCLUNG DR. NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARUSO, JOAN 4217 MCCLUNG DR. NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISHART, THOMAS 7610 MORNINGDALE DR. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUSTO, CHRISTINE 7604 MORNINGDALE DR. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 3-7-05 DAYTIME PHONE: 372-2280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR