## **3 2006 NOT-FOR-PROFIT CORPORATION**

## ANNUAL REPORT

## DOCUMENT # N94000001983

MILLPOND ESTATES SECTION FOUR HOMEOWNER'S



**FILED** Apr 25, 2006 8:00 am Secretary of State

04-25-2006 90110 013 \*\*\*\*61.25

	TION, INC.							
Principal Place of Business Mailing Address MILLPOND CLUBHOUSE C/O THOMAS IONARDT 7729 MORNINGDALE DR. 7610声の MORNINGDALE DR NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653								
Principal Place of Business     3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042006 CI	hg-NP CR2E037	(11/05)		
City & State		City & State		4. FEI Number 59-325424			olied For Applicable	
Zip	Country	Zip	Country	5. Certificate of St		8.75 Addi ee Required		
	6. Name and Address of Current R	tegistered Agent	<u> </u>	7. Name and Add	tress of New Registered Ag	ent		
TSPARDA ****			Name .					
JONARDT.				TOSAGET ZAMOHI				
	IINGDALE DR 🦓		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
NEW PORT RICHEY, FL 34653				· · · · · · · · · · · · · · · · · · ·		~ -		
;			1761	7610 MORDIDGOALE DR.				
			City	CINEW PORT RICHEY FL 34653				
8. The above n	amed entity submits this statement for	the purpose of changing its r	egistered office or re	egistered agent, or both, in	the State of Florida. I am fa	miliar with, a	and accept	
the obligation	ns of registered agent.	/ \	1/				t t	
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SIGNATURE	5		<u>J</u> .		4.6.	06		
	dignature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	U . 6 .	ط ٥٠	•	
, SI		nd title if applicable. (NOTE:			DATE  Make check			
· se	Synature, typed or printed name of registered agent as Filling Fee is \$61.25 Due by May 1, 2006		paign Financing	\$5.00 May Be	DATE	payable to	•	
s F	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Ca	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make check Fiorida Departr	payable to nent of St	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachargent with an address, with all other like empowered.

IIILE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNATURE:

RODRIGUEZ, EDWARD

NEW PORT RICHEY, FL 34653

NEW PORT RICHEY, FL 34653

**4247 OLIN ST** 

BYLSKI, BARBARA

4204 MCCLUNG DR

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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727,372,2280

☐ Change 🖄 Addition

FL. 34653

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