


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90059 037 ****61.25

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 THOMAS JONARDT 7140 MORNINGDALE DR NEW PORT RICHEY, FL 34653
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2. Principal Place of Business - No P.O. Box # MILLPOND CLUBHOUSE Suite, Apt. #, etc. 7729 MORNINGDALE DR City & State NEW PORT RICHEY, FL Zip 34653	3. Mailing Address C/O THOMAS JONARDT Suite, Apt. #, etc. 7140 MORNINGDALE DR City & State NEW PORT RICHEY, FL Zip 34653
Country U.S.A.	Country U.S.A.

03142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3254247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONARDT, THOMAS 7610 MORNINGDALE DR NEW PORT RICHEY, FL 34653	
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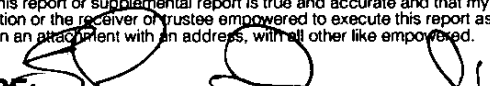
7. Name and Address of New Registered Agent Name JONARDT THOMAS Street Address (P.O. Box Number is Not Acceptable) 7610 MORNINGDALE DR. NEW PORT RICHEY FL City FL Zip Code 34653	
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8. The above named entity submits this statement for the purpose of changing 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 3.14.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D PARSON, ROBERT 4140 MCCLUNG DR NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D CARUSO, JOAN 4217 MCCLUNG DR. NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete P IEVARDI, THOMAS 7610 MORNINGDALE DR NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete S MUSTO, CHRISTINE 7604 MORNINGDALE DR NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete VD BYLSKI, BARBARA 4204 MCCLUNG DR NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete TD BYLSKI, BARBARA 4204 MCCLUNG DR NEW PORT RICHEY, FL 34653

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D PAT DUMMIT 4341 OLIVE STREET NEW PORT RICHEY, FL 34653
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 P. JONARDT THOMAS 7610 MORNINGDALE DR. NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V-F BYLSKI BARBARA 4204 MCCLUNG DR. NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D KIM HARDGROVE 4150 MCCLUNG DR. NEW PORT RICHEY, FL 34653

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 attachment with an address, with all other like empowered.	
SIGNATURE: 	Date 3.14.07 Daytime Phone # 727.3722280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	