2007 NOT-FOR-PROFIT CORPORATION

DOCUMENT # N9400001983



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

MILLPOND ESTATES SECTION FOUR HOMEOWNER'S ASSOCIATION, INC.					03-26-200)/ 90059 0 <i>3</i> / *	*****61.25	
Principal Place MILLPOND CI 7729 MORNI NEW PORT R	LUBHOUSE	Mailing Address C/O THOMAS JONARDT 7140 MORNINGDALE DR NEW PORT RICHEY, FL 3	4653		112 1714 61311 87111 88 11 88		14 10 11 12 14 15 15 15 15 15 15 15	
	face of Business - No P.O. Box #	3. Mailing Address						
MILLPORD CLUBHOSEE 9			O 140m AS SNA RD Suite, Apt. #, etc.					
	DOSDIACOBLE DE	J610 Worsy	BC NOLE	03142007	Chg-NP	CR2E037 (12/0	06)	
City & State	3 _ 0 =	City & State		4. FEI Num	ber 54247		Applied For	
Den t	Country Country	Dew PORT	Country	1/19/		_ \$8.75	Not Applicable Additional	
3465			V.S.A	5. Certifica	te of Status Desired	Fee Re		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
JONARDT	, THOMAS		'	NAME TOWARDT THOMAS				
	NINGDALE DR		Street Address (P.O. Box Number is Not Acceptable)					
NEW PORT RICHEY, FL 34653								
			City	02 18K1	·CIZHEY	EI Zig	Code	
8. The above named entity submits this statement for the purpose of changing its registered egent, or both, in the State of Florida. I am familiar with, and accept								
	ions of registered agent	In purpose or changing its re	gistorea onice o	r rogistaroa agont, or t	out, in the oute of the	iorida. Tan Tanimar	with and doodpi	
(2)								
SIGNATURE Stoneture, typed or printed name of registered agent and title if applicable. (INOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agent an	d tite if applicable. (NOTE: F	Registered Agent signal	ture required when reinstating)		DAIL		
	Signature, typed or printed name of registered agent an			ture required when reinstating)				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Added to Fee	s Flo	Make check payal orlda Department	of State	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Added to Fee		Make check payal orlda Department ERS AND DIRECTOR	of State RS IN 10	
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will called 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 of 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 attack the true and the state of the corporation of the corporation or the receiver of 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 attack the state of the corporation of

SIGNATURE:

JSJ 3JS3**28**Þ