

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90111 032 ****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 5609 US 19 SUITE 3 NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # 5831 Trouble Creek Rd.		3. Mailing Address 5831 Trable Creek Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-3254247	
Zip 34652		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01142008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent ISNARDT, THOMAS 7610 MORNINGDALE DR NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name: Community Management Services Inc. Street Address (P.O. Box Number is Not Acceptable): 5831 Trable Creek Rd. Suite E City: New Port Richey, FL Zip Code: 34652		
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 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSON, ROBERT 4140 MCCLUNG DR NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bob Parsons 4140 McClung Dr. New Port Richey, FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARUSO, JOAN 4217 MCCLUNG DR. NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Barbara Bylski 4204 McClung Dr. New Port Richey, FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISNARDT, THOMAS 7610 MORNINGDALE DR NEW PORT RICHEY, FL 34653		<input type="checkbox"/> Change <input 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 type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BYLSKI, BARBARA 4204 MCCLUNG DR NEW PORT RICHEY, FL 34653		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAROGROVE, KIM 4150 MCCLURE DR NEW PORT RICHEY, FL 34653		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 4/21/08 727-816-9900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					