


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000261 (6)

1. Corporation Name

MILLPOND ESTATES SECTION SEVEN HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SUNSTATE ACCOUNTING
P.O. BOX 1191
OLDSMAR FL 34677
US

221 LAFAYETTE BLVD
OLDSMAR FL 34677
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/18/1995

4. FEI Number

59-3304211

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☒ Yes ☐ No

WICKY, JERRY
221 LAFAYETTE BLVD
OLDSMAR FL 34677

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **DP**
HORNE, THOMAS C
 STREET ADDRESS **36401 U.S. HIGHWAY 19**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☒ DELETE

NAME **DT**
NADER, DAVID
 STREET ADDRESS **36401 U.S. HIGHWAY 19**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☒ DELETE

NAME **D**
WICKY, JERRY
 STREET ADDRESS **221 LAFAYETTE BLVD**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME **PO**
Ronald Heuer
 13 STREET ADDRESS **4225 Onorio St.**

14 CITY-ST-ZIP **New Port Richey, FL 34653**

2.1 TITLE ☐ Change ☒ Addition

22 NAME **V.P.O.**
James Henderson
 23 STREET ADDRESS **4225 Onorio St.**

24 CITY-ST-ZIP **New Port Richey, FL 34653**

3.1 TITLE ☐ Change ☒ Addition

32 NAME **LD**
Larry Nugent
 33 STREET ADDRESS **4352 Onorio St.**

34 CITY-ST-ZIP **New Port Richey, FL 34653**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry Nugent - 1 x Mary S. Nugent 1-21-98 813-376-1872

CR2E037 (10/97)