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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000261					
1. Corporation Name MILLPOND ESTATES SECTION SEVEN HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business SUNSTATE ACCOUNTING P.O. BOX 1191 OLDSMAR FL 34677 US			Mailing Address 221 LAFAYETTE BLVD OLDSMAR FL 34677 US		



2. Principal Place of Business 21 RITA T. PAUL / MILLPOND Sec. VII Suite, Apt. #, etc.		2a. Mailing Address 26 90 PO Box 1042 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/18/1995	
22 City & State newport Richey FL		27 City & State newport Richey FL		4. FEI Number 59-3304211	
23 Zip 34656-1042		28 Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34656-1042		29 34656-1042		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WICKY, JERRY 221 LAFAYETTE BLVD OLDSMAR FL 34677		10. Name and Address of New Registered Agent 81 Name RITA T. PAUL 82 Street Address (P.O. Box Number is Not Acceptable) 4519 ONORIO ST. 83 84 City newport Richey FL 85 Zip Code 34653	
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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 Rita T. Paul Treasurer DATE 1/6/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME HEUER, RONALD STREET ADDRESS 4225 ONORIO ST CITY-ST-ZIP NEW PORT RICHEY FL 34653	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT/DIRECTOR JIM HENDERSON 4211 ONORIO ST. newport Richey FL 34653	
TITLE VPD <input type="checkbox"/> DELETE NAME HENDERSON, JAMES STREET ADDRESS 4211 ONORIO ST CITY-ST-ZIP NEW PORT RICHEY FL 34653	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER/DIRECTOR RITA T. PAUL 4519 ONORIO ST. newport Richey FL 34653	
TITLE SD <input type="checkbox"/> DELETE NAME NUGENT, MARY STREET ADDRESS 4352 ONORIO ST CITY-ST-ZIP NEW PORT RICHEY FL 34653	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, with all other like empowered.

SIGNATURE: Rita T. Paul 1/6/99

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)