FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2001 8:00 am Secretary of State DOCUMENT # N9500000261 1. Entity Name MILLPOND ESTATES SECTION SEVEN HOMEOWNER'S ASSOC 01-10-2001 90087 017 ****61.25 Principal Place of Business Mailing Address C/O PO BOX 1042 RITA T. PAUL 0/1334 NEWPORT RICHEY FL 34656-1042 MILLPOND SEC. VII NEWPORT RICHEY FL 34656-1042 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3304211 Not Applicable Country \$8.75 Additional Zip Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -Street Address (P.O.-Box Number is Not Acceptable)_ PAUL, RITA T 4519 ONORIO ST. **NEWPORT RICHEY FL 34653** Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to **\$5.00** May Be 9. Election Campaign Financing FILE NOW: Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) ☐ Addition ☐ Change PD TITLE ☐ Delete TITLE STEVENS, JAMES NAME STREET ADDRESS 4309 ONORIO ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** ☐ Addition Change ☐ Delete TITLE TITLE NAME LEBER, FRANK STREET ADDRESS 4306 ONORIO ST STREET ADDRESS CITY-ST-7IP **NEW PORT RICHEY FL 34653** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME WOOTERS, SALLY-NAME STREET ADDRESS 4323 ONORIO ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** ☐ Addition ☐ Change ☐ Delete TITL F PAUL, RITA T NAME NAME STREET ADDRESS STREET ADDRESS 4519 ONORIO ST. CITY-ST-ZIP CITY-ST-ZIP **NEWPORT RICHEY FL 34653** ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 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:

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727.375.9137