2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000261

1. Entity Name

**MILLPOND ESTATES SECTION SEVEN HOMEOWNER'S ASSOC
IATION, INC.**

Principal Place of Business	Mailing Address
RITA T. PAUL MILLPOND SEC. VII NEWPORT RICHEY FL 34656-1042 US	C/O PO BOX 1042 NEWPORT RICHEY FL 34656-1042 US

R0012022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 59-3304211 / Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAUL, RITA T. 4519 ONORIO ST. NEWPORT RICHEY FL 34653	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL / Zip Code

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 _Rita J. Paul / Treasurer_   _1-12-02_

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **PD** NAME **STEVENS, JAMES** STREET ADDRESS **4309 ONORIO ST** CITY-ST-ZIP **NEW PORT RICHEY FL 34653**		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_PRESidENT_ _EDwiN Dececk_ _4426 ONORio St_ _newPoRT Richey FL 34653_	☐ Change ☒ Addition
TITLE **D** NAME **LEBER, FRANK** STREET ADDRESS **4306 ONORIO ST** CITY-ST-ZIP **NEW PORT RICHEY FL 34653**		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_Vice PResideNT_ _JohN BeRgLowe_ _4505 ONORio St_ _newPoRT Richey FL 34653_	☐ Change ☒ Addition
TITLE **D** NAME **WOOTERS, SALLY** STREET ADDRESS **4323 ONORIO ST** CITY-ST-ZIP **NEW PORT RICHEY FL 34653**		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **TD** NAME **PAUL, RITA T** STREET ADDRESS **4519 ONORIO ST.** CITY-ST-ZIP **NEWPORT RICHEY FL 34653**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: _SIGN Rita J. Paul / Treasurer_   _1/12/02_   _727-375-9137_

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