

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90044 016 ****61.25

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1. Entity Name
**MILLPOND ESTATES SECTION SEVEN HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
~~5600 US 90~~ **8249 Kristel Cir**
~~STE E~~ **Port Richey, FL**
NEW PORT RICHEY, FL 34652 **34668**

Mailing Address
~~5600 US 90~~ **8249 Kristel Cir**
~~STE E~~ **Port Richey, FL**
NEW PORT RICHEY, FL 34652 **34668**



02212008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3304211

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**Tampa Bay Property
Management
3249 Kristel Circle
Port Richey, FL 34668**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ROBBINS, LANA
STREET ADDRESS	4210 ONORIO STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	P
NAME	BUNN, MONICA
STREET ADDRESS	4449 ONORIO ST
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	TD
NAME	PATEL, G
STREET ADDRESS	4448 ONORIO ST.
CITY-ST-ZIP	NEWPORT RICHEY, FL 34653
TITLE	Ron Bunn
NAME	4449 Onorio St.
STREET ADDRESS	New Port Richey, FL 34653
CITY-ST-ZIP	FL 34653
TITLE	James Sterens
NAME	4309 Onorio St.
STREET ADDRESS	New Port Richey, FL 34653
CITY-ST-ZIP	FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #