

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000261

FILED  
Mar 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

8249 KRISTEL CIR  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

8249 KRISTEL CIRCLE  
PORT RICHEY, FL 34668 US

**Current Mailing Address:**

8249 KRISTEL CIR  
STE E  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

8249 KRISTEL CIRCLE  
PORT RICHEY, FL 34668 US

**FEI Number:** 59-3304211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAMPA BAY PROPERTY MANAGEMENT, INC.  
8249 KRISTEL CIR  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

TAMPA BAY PROPERTY MANAGEMENT, INC.  
8249 KRISTEL CIRCLE  
PORT RICHEY, FL 34668 US

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:

03/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: ROBBINS, LANA  
Address: 4210 ONORIO STREET  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: P ( ) Delete  
Name: BUNN, MONICA  
Address: 4449 ONORIO ST  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD ( ) Delete  
Name: PATEL, G  
Address: 4448 ONORIO ST.  
City-St-Zip: NEWPORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: BUNN, RON  
Address: 4449 ONORIO ST  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: STEVENS, JAMES  
Address: 4309 ONORIO ST  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: PATEL, G  
Address: 4448 ONORIO ST.  
City-St-Zip: NEWPORT RICHEY, FL 34653

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE K. MICK

AGT.

03/09/2009

Electronic Signature of Signing Officer or Director

Date