

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002868 (6)

1. Corporation Name  
MILLPOND LAKES VILLAS CONDOMINIUM ASSOCIATION, I  
NC.



Principal Place of Business: C/O SUNSET HOMES OF PASCO, INC. 10010 U.S. 19 NEW PORT RICHEY FL 34688

Mailing Address: C/O SUNSET HOMES OF PASCO, INC. 10010 U.S. 19 NEW PORT RICHEY FL 34688-3741

3. Date Incorporated or Qualified: 06/16/1995  
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number APPLIED FOR		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	Country	28	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FIGURSKI, GERALD A 8406 MASSACHUSETTS AVENUE SUITE B-1 NEW PORT RICHEY FL 34653				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANK, JOHN P JR			1.2 NAME			
STREET ADDRESS	10010 U.S. HIGHWAY 19			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34688			1.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANK, JOHN P SR			2.2 NAME			
STREET ADDRESS	10010 U.S. HIGHWAY 19			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34688			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANK, MICHAEL			3.2 NAME			
STREET ADDRESS	10010 U.S. HIGHWAY 19			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34688			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *John P Frank* REQUIRING FRANK 03-20-97 813 868 6793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 008383

CR2E037 (9/96)