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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000002868 (6)

1. Corporation Name
MILLPOND LAKES VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O SUNSET HOMES OF PASCO, INC.
10010 U.S. 19
NEW PORT RICHEY FL 34668

3. Date Incorporated or Qualified
06/16/1995
4. FEI Number 59-3304210
APPLIED FOR
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
FIGURSKI, GERALD A
8408 MASSACHUSETTS AVENUE
SUITE B-1
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent
81 Name Jerry Wicky /o Sunstate Accounting
82 Street Address (P.O. Box Number is Not Acceptable) 221 Lafayette Blvd.
83 P.O. Box 1193
84 City Oldsmar FL 85 Zip Code 34677

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 is 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 Jerry Wicky /x Jerry Wicky
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2-20-98

12. OFFICERS AND DIRECTORS
TITLE PTD DELETE
NAME FRANK, JOHN P JR
STREET ADDRESS 10010 U.S. HIGHWAY 19
CITY-ST-ZIP NEW PORT RICHEY FL 34668
TITLE VSD DELETE
NAME FRANK, JOHN P SR
STREET ADDRESS 10010 U.S. HIGHWAY 19
CITY-ST-ZIP NEW PORT RICHEY FL 34668
TITLE D DELETE
NAME FRANK, MICHAEL
STREET ADDRESS 10010 U.S. HIGHWAY 19
CITY-ST-ZIP NEW PORT RICHEY FL 34668
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PO Change Addition
1.2 NAME Ed Harrison
1.3 STREET ADDRESS 4408 Whittom Way
1.4 CITY-ST-ZIP New Port Richey, Fl. 34653
2.1 TITLE VPO Change Addition
2.2 NAME Elmer Schreiber
2.3 STREET ADDRESS 4402 Whittom Way
2.4 CITY-ST-ZIP New Port Richey, Fl. 34653
3.1 TITLE TD Change Addition
3.2 NAME Lorraine Figueiredo
3.3 STREET ADDRESS 4443 Whittom Way
3.4 CITY-ST-ZIP New Port Richey, Fl. 34653
4.1 TITLE SD Change Addition
4.2 NAME Diana Stricker
4.3 STREET ADDRESS 4557 Whittom Way
4.4 CITY-ST-ZIP New Port Richey, Fl. 34653
5.1 TITLE D Change Addition
5.2 NAME Frank Vitacco
5.3 STREET ADDRESS 4407 Whittom Way
5.4 CITY-ST-ZIP New Port Richey, Fl. 34653
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 SIGNATURE REQUIRED 17 3 98 8:12 20-3000

CR2E037 (10/97)

DED. \$61.25