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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 95000002868 (6) 04 1. Corporation Name MILLPOND LAKES VILLAS CONDOMINIUM, INC.					
Principal Place of Business 4450 WHITTON WAY NEW PORT RICHEY, FLORIDA 34653			Mailing Address 4450 WHITTON WAY NEW PORT RICHEY, FLORIDA 34653		
21	22	23	24	25	26
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/16/95	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3304210	
Country		Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name		
			ELMER W. SCHREIBER, PRESIDENT		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			4402 WHITTON WAY		
			83		
			84 City		
			NEW PORT RICHEY		
			FL		
			85 Zip Code		
			34653		
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				DATE	
<i>Elmer W. Schreiber</i>				3-8-99	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE PRES NAME EDWARD HARRISON STREET ADDRESS 4408 WHITTON WAY CITY-ST-ZIP NEW PORT RICHEY, FLORIDA 34653			1.1 TITLE PRES 1.2 NAME ELMER W. SCHREIBER 1.3 STREET ADDRESS 4402 WHITTON WAY 1.4 CITY-ST-ZIP NEW PORT RICHEY, FLORIDA 34653		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE D 2.2 NAME DIRECTOR DENTON CROFT 2.3 STREET ADDRESS 4427 WHITTON WAY 2.4 CITY-ST-ZIP NEW PORT RICHEY, FLORIDA 34653		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME VICE-PRESIDENT 3.3 STREET ADDRESS FRANK-VITACCO 3.4 CITY-ST-ZIP 4407WHITTON-WAY		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME NEW PORT RICHEY, FL. 4.3 STREET ADDRESS 34653 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME SEC. DIANA STRICKER 5.3 STREET ADDRESS 4557 WHITTON WAY. 5.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34653		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME TRES. LORRAINE FIGUEIREDO 6.3 STREET ADDRESS 4443 WHITTON WAY 6.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34653		

CR2E037 (1/78)

14. 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 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, with all other like empowered.

SIGNATURE: ELMER W. SCHREIBER *Elmer W. Schreiber* **03/05/99 (727) 376-2516**

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