


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002868 1. Entity Name MILLPOND LAKES VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10730 U.S. 19 STE 17 PORT RICHEY FL 34668 US		Mailing Address 10730 U.S. 19 STE 17 PORT RICHEY FL 34668 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUALIFIED PROPERTY MANAGEMENT, INC. 10730 U.S. 19 STE 17 PORT RICHEY FL 34668		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, BETTY	NAME	
STREET ADDRESS	4427 WHITTON WAY	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, DONALD	NAME	
STREET ADDRESS	4422 WHITTON WAY	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITACCO, GLORIA	NAME	
STREET ADDRESS	4407 WHITTON WAY	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANIGAN, SHIRLEY	NAME	
STREET ADDRESS	4437 WHITTON WAY	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVINO, MATILDA	NAME	
STREET ADDRESS	4424 WHITTON WAY	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 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: <i>Betty Croft</i>		Date: <i>3/31/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3304210**
 Applied For
 Not Applicable

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

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 04/04/05-80038-002 61.25