

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N17914

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: POMELLO RANCH HOME OWNERS IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

4002 SEATTLE SLEW LANE
VALKARIA, FL 32950

New Principal Place of Business:

Current Mailing Address:

4002 SEATTLE SLEW LANE
VALKARIA, FL 32950

New Mailing Address:

FEI Number: 59-2816747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, MICHAEL
4002 SEATTLE SLEW LANE
VALKARIA, FL 32950

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARDINALE, MICHAEL
Address: 2675 POMELLO ROAD
City-St-Zip: VALKARIA, FL 32950

Title: VPD () Delete
Name: BUTTERBAUGH, TOM
Address: 2915 POMELLO ROAD
City-St-Zip: VALKARIA, FL 32950

Title: CD () Delete
Name: SANTORE, JENNIFER
Address: 4016 AFFIRMED LANE
City-St-Zip: VALKARIA, FL 32950

Title: TD () Delete
Name: MCMILLER, SCOTT
Address: 4027 SECRETARIAT LANE
City-St-Zip: VALKARIA, FL 32950

Title: SD () Delete
Name: HOFFMAN, MICHAEL
Address: 4002 SEATTLE SLEW LANE
City-St-Zip: VALKARIA, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: SCOTT MCMILLER

TD

04/28/2002

Electronic Signature of Signing Officer or Director

Date