


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17914**

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



Principal Place of Business 4002 SEATTLE SLEW LANE VALKARIA, FL 32950	Mailing Address 4002 SEATTLE SLEW LANE VALKARIA, FL 32950
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**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2816747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, MICHAEL  
4002 SEATTLE SLEW LANE  
VALKARIA, FL 32950

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDINALE, MICHAEL 2675 POMELLO ROAD VALKARIA, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUTTERBAUGH, TOM 2915 POMELLO ROAD VALKARIA, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SANTORE, JENNIFER 4016 AFFIRMED LANE VALKARIA, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCMILLER, SCOTT 4027 SECRETARIAT LANE VALKARIA, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, MICHAEL 4002 SEATTLE SLEW LANE VALKARIA, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000758139  
02/20/04-80018-005 61.25

**DO NOT WRITE IN THIS SPACE**

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: M. M. Hoff 1/25/2004 321-727-6835

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