

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17914

**FILED**  
**Mar 28, 2015**  
**Secretary of State**  
**CC9083142966**

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

**Current Principal Place of Business:**

3962 MAN O WAR LANE  
GRANT-VALKARIA, FL 32950

**Current Mailing Address:**

3962 MAN O WAR LANE  
GRANT-VALKARIA, FL 32950 US

**FEI Number: 59-2816747**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NOTESTINE, JERRY C  
3962 MAN O WAR LANE  
GRANT-VALKARIA, FL 32950 US

*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

**Officer/Director Detail :**

Title PD  
Name NOTESTINE, JERRY C  
Address 3962 MAN O WAR LANE  
City-State-Zip: GRANT-VALKARIA FL 32950

Title DS  
Name LAGLER, MELINA  
Address 4006 AFFIRMED LANE  
City-State-Zip: GRANT-VALKARIA FL 32950

Title TD  
Name SARTORI, JENNIFER L  
Address 4016 AFFIRMED LANE  
City-State-Zip: GRANT-VALKARIA FL 32950

Title VD  
Name BUTERBAUGH, THOMAS M  
Address 2915 POMELLO ROAD  
City-State-Zip: GRANT-VALKARIA FL 32950

Title D  
Name BRAMMER, DAVID S  
Address 4022 SEATTLE SLEW LANE  
City-State-Zip: GRANT-VALKARIA FL 32950

*I hereby 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 all other like empowered.*

**SIGNATURE: JERRY C NOTESTINE**

**PRESIDENT**

**03/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date