2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # N05121** 1. Entity Name PEMBERTON CREEK PROPERTY OWNERS ASSOCIATION, INC 01-18-2000 90068 028 ****61.25 Mailing Address Principal Place of Business C/O MILLER, CAROLYN, H C/O MILLER, CAROLYN, H 2813 PEMBERTON CREEK DR 2813 PEMBERTON CREEK DR SEFFNER FL 33584-2419 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Go Sharon Heim - Bolen 40 Sharon Heim-Bolen Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2803 Pemberton Creek Dr. 2803 Pemberton Creek Dr. City & State Seffner City & State 4. FEI Number Applied For Seffner 59-2479909 FL Not -:--Zip Country Country \$8.75 Additional 5. Certificate of Status Desired **33584** US 33564 Fee Required us -7.-Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent SHARON HEIM - BOLEN Street Address (P.O. Box Number is Not Acceptable) MILLER, CAROLYN H 2813 PEMBERTON CREEK DR 2803 Remberton Creek DR SEFFNER FL 33584 Soffmore 33584-2 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. -Bolen SHAROH HEIM-BOIEN TRRASURER 1-7-00 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE SHARON HEIM - BOIEN NAME MILLER, CAROLYN NAME 2803 PEMBERTON CREEK DR. STREET ADDRESS STREET ADDRESS 2813 PEMBERTON CREEK DR SEFFNER FL CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL _ 4 1 255 Change PD ☑ Delete TITLE TITLE POWELL WILLIAM Estate Ct. DRAPP, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 2801 PEMBERTON CREEK DR SEFFNER FI 325RY CITY-ST-ZIP CITY-ST-ZIP SEFFNER-FL-Delete Change SD TITLE TITLE REDWINE, BRAD 6705 Pomberton Estate Ct. NAME DAILY, STEVEN NAME STREET ADDRESS STREET ADDRESS 2507 PEMBERTON CREEK DR SEFFNER, FL 33581 CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL Change D Delete TITLE Broda, Gail Pemberton Ceeek Dr. AZORIN, TERESA NAME NAME STREET ADDRESS STREET ADDRESS 6704 PEMBERTON OAKS CT CITY-ST-7IP Seffner, FI 33584 CITY-ST-ZIP SEFFNER FL Change TITLE Delete TITLE Maynes Anthony HAYNES, JACQUELINE NAME NAME STREET ADDRESS STREET ADDRESS 6604 FLICKER COURT SEFFNER, FL 33584 CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 ____ ☐ Delete ☐ Change TITLE 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:

(813)654-1063