2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05121

1. Entity Name

PEMBERTON CREEK PROPERTY OWNERS ASSOCIATION, INC



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90195 018 ****61.25

•			NO. WE SEE					
Principal Place of Business	Mailin	g Address						
C/O SHARON HEIM-BOLEN	O SHARON HEIM-BOLEN			0002/	1122			
2803 PEMBERTON CREEK DR SEFFNER FL 33584		emberton Creek (Er fl 33584)n		9002			
US	ÜS							
2. Principal Place of Business	I ~ .	ling Address	muleR			 	610H 1061	
Suite, Apt. #, etc.	70	ROBERT /	11166	\dashv	ECK HERE IF MAKINO	CHANCES		
2813 Pemreston C	R. DR. 281	3 P-maerti	on Creox DR	LH	ECK HERE IF MAKING	CHANGES		
City & State	I (I	iv & State		4. FEI Number 59-2	479909	<u> </u>	plied For	
SCFFNER FL SEFFNER							t Applicable	
Zip Country	1 22	8-84	Country	5. Certificate of Statu	s Desired 🔲	\$8.75 Addi		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
, Carrier Control of the Control of			Name	-23 - 14 1 1 3 5 1 1 1				
HEIM-BOLEN, SHARON				Street Address (P.O. Box Number is Not Acceptable)				
2803 PEMBERTON CREEK DR								
SEFFNER FL 33584						·		
			City		FL	Zip Code	•	
8. The above named entity submits this s	statement for the pure	oose of changing its	registered office or regi	stered agent, or both, in the	State of Florida. I am	familiar with,	and accept	
the obligations of registered agent.	, ,		· ·	-	•			
•						,		
SIGNATURE Signature, typed or printed name of r	edistand agent and title if an	plicable (NOTE	E: Registered Agent signature rec	uired when reinstatino)	DATE		 }	
Signature, typed or printed name of r	egistered agent and the ir ap	plicable. (NOTE	- Hogisteled Agent signature roa	and with successing,	-			
		9. Election Car	npaign Financing	\$5.00 May Be	Make Chec	k Payable	to	
FILE NOW: FEE IS \$6	51.25	Trust Fund C		Added to Fees	Florida Depar			
				A DOLTHOUS TO LANGE OF	TO OFFICE PO AND D	IDECTODE IN	10	
TO	RS AND DIRECTORS		11.	ADDITIONS/CHANGES		Change	Addition	
TITLE TD NAME HEIM-BOLEN, SHARON	J	Delete	TITLE 7	OILLER ROBE	RT		(
STREET ADDRESS 2803 PEMBERTON CR			STREET ADDRESS 25	13 PEMBEK	TONUTED		}	
CITY-ST-ZIP SEFFNER FL 33584			CITY-ST-ZIP	OFFNER F	FL 3358	<u> </u>	<u></u>	
TITLE PD		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME POWELL, WILLIAM			NAME					
STREET ADDRESS 6407 PEMBERTON ES	TATE CT		STREET ADDRESS			_		
CITY-ST-ZIP SEFFNER FL 33584.		ماري والمتحدد والمداد	CITY-ST-ZIP	AND THE PARTY OF T	Amen Artines.	☐ Change	Addition	
NAME REDWINE, BRAD		☐ Delete	NAME					
STREET ADDRESS 6705 PEMBERTON ES	TATE CT		STREET ADDRESS					
CITY-ST-ZIP SEFFNER FL 33584			CITY-ST-ZIP			<u>.</u>		
TITLE D		☐ Delete	TITLE			Change	☐ Addition	
NAME PHILLIPOOM, BRUCE			NAME					
STREET ADDRESS 6701 BOB WHITE CT			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP SEFFNER FL 33584				·	<u></u>	☐ Change	☐ Addition	
TITLE D NAME HAYNES, ANTHONY		☐ Delete	TITLE NAME			onlingo		
STREET ADDRESS 6604 FLICKER COURT	•		STREET ADDRESS					
CITY-ST-ZIP SEFFNER FL 33584			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME				ļ	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	= Castion 110 07(0)(0) First	da Statutan I further a	artifu that the	nformation	
12. I hereby certify that the information s	supplied with this filing	g does not qualify fo	r the exemption stated i	n Section 119.07(3)(I), Flori	ua Statutes. I further ce	nury mar the If	normation	

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: