

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90195 018 ****61.25

DOCUMENT # N05121

1. Entity Name

PEMBERTON CREEK PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business

C/O SHARON HEIM-BOLEN
2803 PEMBERTON CREEK DR
SEFFNER FL 33584
US

Mailing Address

C/O SHARON HEIM-BOLEN
2803 PEMBERTON CREEK DR
SEFFNER FL 33584
US

90024433



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

PO ROBERT MILLER
Suite, Apt. #, etc.
2813 PEMBERTON CR. DR.

3. Mailing Address

PO ROBERT MILLER
Suite, Apt. #, etc.
2813 PEMBERTON CREEK DR

City & State
SEFFNER FL

City & State
SEFFNER FL

4. FEI Number **59-2479909**

Applied For
Not Applicable

Zip
33584

Country
US

Zip
33584

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HEIM-BOLEN, SHARON
2803 PEMBERTON CREEK DR
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEIM-BOLEN, SHARON 2803 PEMBERTON CREEK DR SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, WILLIAM 6407 PEMBERTON ESTATE CT SEFFNER FL 33584	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REDWINE, BRAD 6705 PEMBERTON ESTATE CT SEFFNER FL 33584	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPOOM, BRUCE 6701 BOB WHITE CT SEFFNER FL 33584	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, ANTHONY 6604 FLICKER COURT SEFFNER FL 33584	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER ROBERT 2813 PEMBERTON CREEK DR. SEFFNER FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SHARON HEIM-BOLEN

2-11-03 8132472271

CR2E037 (10/02)