

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17914

1. Entity Name

POMELLO RANCH HOME OWNERS IMPROVEMENT ASSOCIATIO

Principal Place of Business

4002 SEATTLE SLEW LANE
VALKARIA FL 32950

Mailing Address

4002 SEATTLE SLEW LANE
VALKARIA FL 32950-4711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2816747

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMAN, MICHAEL
4002 SEATTLE SLEW LANE
VALKARIA FL 32950

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CARDINALE, MICHAEL**
STREET ADDRESS **2675 POMELLO ROAD**
CITY-ST-ZIP **VALKARIA FL 32950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **BUTTERBAUGH, TOM**
STREET ADDRESS **2915 POMELLO ROAD**
CITY-ST-ZIP **VALKARIA FL 32950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **SANTORE, JENNIFER**
STREET ADDRESS **4016 AFFIRMED LANE**
CITY-ST-ZIP **VALKARIA FL 32950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MCMILLER, SCOTT**
STREET ADDRESS **4027 SECRETARIAT LANE**
CITY-ST-ZIP **VALKARIA FL 32950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **HOFFMAN, MICHAEL**
STREET ADDRESS **4002 SEATTLE SLEW LANE**
CITY-ST-ZIP **VALKARIA FL 32950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/00 (321)
727-6635

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90023 016 ****61.25



DO NOT WRITE IN THIS SPACE