2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N17914

1. Entity Name
POMELLO RANCH HOME OWNERS IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4002 SEATTLE SLEW LANE VALKARIA, FL 32950	4002 SEATTLE SLEW LANE VALKARIA, FL 32950

03132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

HOFFMAN, MICHAEL
4002 SEATTLE SLEW LANE
VALKARIA, FL 32950

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARDINALE, MICHAEL
STREET ADDRESS	2675 POMELLO ROAD
CITY-ST-ZIP	VALKARIA, FL 32950
TITLE	VPD
NAME	BUTTERBAUGH, TOM
STREET ADDRESS	2915 POMELLO ROAD
CITY-ST-ZIP	VALKARIA, FL 32950
TITLE	CD
NAME	SANTORE, JENNIFER
STREET ADDRESS	4016 AFFIRMED LANE
CITY-ST-ZIP	VALKARIA, FL 32950
TITLE	TD
NAME	MCMILLER, SCOTT
STREET ADDRESS	4027 SECRETARIAT LANE
CITY-ST-ZIP	VALKARIA, FL 32950
TITLE	SD
NAME	HOFFMAN, MICHAEL
STREET ADDRESS	4002 SEATTLE SLEW LANE
CITY-ST-ZIP	VALKARIA, FL 32950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/05-80064-003 61.25

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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: Michael Hoffman MICHAEL HOFFMAN 4/11/05 321-794-6465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #