

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17914

FILED
Mar 03, 2009
Secretary of State

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

Current Principal Place of Business:

3962 MAN O WAR LANE
VALKARIA, FL 32950

New Principal Place of Business:

Current Mailing Address:

3962 MAN O WAR LANE
VALKARIA, FL 32950

New Mailing Address:

FEI Number: 59-2816747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOTESTINE, JERRY C
3962 MAN O WAR LANE
VALKARIA, FL 32950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOTESTINE, JERRY C
Address: 3962 MAN O WAR LANE
City-St-Zip: VALKARIA, FL 32950

Title: D () Delete
Name: DIRGA, MARK A
Address: 2680 POMELLO ROAD
City-St-Zip: VALKARIA, FL 32950

Title: SD () Delete
Name: SARTORI, JENNIFER L
Address: 4016 AFFIRMED LANE
City-St-Zip: VALKARIA, FL 32950

Title: TD () Delete
Name: MCMILLER, MARY E
Address: 4027 SECRETARIAT LANE
City-St-Zip: VALKARIA, FL 32950

Title: D () Delete
Name: LAVISH, MICHELLE
Address: 2840 POMELLO ROAD
City-St-Zip: VALKARIA, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY MCMILLER

TD

03/03/2009

Electronic Signature of Signing Officer or Director

Date