

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90132 030 ****61.25

DOCUMENT # N17914

1. Entity Name

**POMELLO RANCH HOME OWNERS IMPROVEMENT ASSOCIATIO
N, INC.**



Principal Place of Business

**4002 SEATTLE SLEW LANE
VALKARIA FL 32950**

Mailing Address

**4002 SEATTLE SLEW LANE
VALKARIA FL 32950**

10037090



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2816747**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	CARDINALE, MICHAEL	2675 POMELLO ROAD	VALKARIA FL 32950	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	BUTTERBAUGH, TOM	2915 POMELLO ROAD	VALKARIA FL 32950	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CD	SANTORE, JENNIFER	4016 AFFIRMED LANE	VALKARIA FL 32950	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	MCMILLER, SCOTT	4027 SECRETARIAT LANE	VALKARIA FL 32950	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	HOFFMAN, MICHAEL	4002 SEATTLE SLEW LANE	VALKARIA FL 32950	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 of Michael Hoffman

3/8/03

727-6835

CR2E037 (10/02)