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

Mailing Address

VALKARIA FL 32950

3. Mailing Address

City & State

Zip

4002 SEATTLE SLEW LANE

Suite, Apt. #, etc:

## **DOCUMENT # N17914**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

HOFFMAN, MICHAEL

4002 SEATTLE SLEW LANE VALKARIA FL 32950

the obligations of registered agent.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

9)

4002 SEATTLE SLEW LANE

VALKARIA FL 32950

## POMELLO RANCH HOME OWNERS IMPROVEMENT ASSOCIATIO N. INC.

6. Name and Address of Current Registered Agent

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

FILE NOW: FEE IS \$61.25

Country



Country

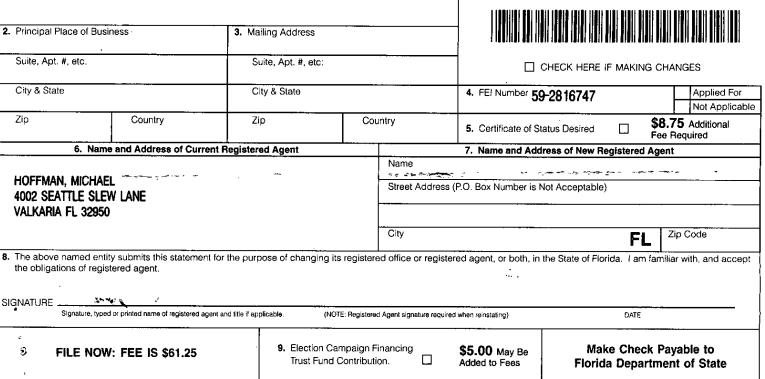
City

9. Election Campaign Financing

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

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

10037090



		Trust Fund Contribution.			Added to Fees	Florida Department of State		
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
JITLE	PD	☐ Delete	TITLE	<del>1 '</del>	TED THOMAS OF IT IT	320 TO OFFICE (10 7 (14 D D))	☐ Change	Addition
NAME	CARDINALE, MICHAEL	- Delete	NAME				☐ Onlinge	☐ Vocition
STREET ADDRESS	2675 POMELLO ROAD		STREET ADDRESS	1				
CITY-ST-ZIP	VALKARIA FL 32950		CITY-ST-ZIP					
TITLE	VPD	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	BUTTERBAUGH, TOM		NAME				_ •	_ }
STREET ADDRESS	2915 POMELLO ROAD		STREET ADDRESS					Į
CITY-ST-ZIP	VALKARIA FL 32950		CITY-ST-ZIP					
TITLE	CD	☐ Delete	TITLE	1			☐ Change	☐ Addition
NAME	SANTORE, JENNIFER		NAME	5**				
STREET ADDRESS	4016 AFFIRMED LANE		STREET ADDRESS	ľ	- •	-	,	
CITY-ST-ZIP	VALKARIA FL 32950		CITY-ST-ZIP					
TITLE	TD	☐ Delete	TITLE	İ			Change	☐ Addition
NAME	MCMILLER, SCOTT		NAME					
STREET ADDRESS	4027 SECRETARIAT LANE		STREET ADDRESS					
CITY-ST-ZIP	VALKARIA FL 32950		CITY-ST-ZIP	1				
TITLE	SD	Delete	TITLE				☐ Change	☐ Addition
NAME	HOFFMAN, MICHAEL		NAME					
STREET ADDRESS	4002 SEATTLE SLEW LANE		STREET ADDRESS					
CITY-\$T-ZIP	VALKARIA FL 32950		CITY-ST-ZIP					}
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS	1				
CITY-ST-ZIP			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:

3/8/03

727-6835