2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State
07-12-2004 90021 017 ****61.25

DOCUMENT # N27269

1. Entity Name
POMONA BLUFF HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CATHERINE D. MAYFIELD 4223 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303-7214	% CATHERINE D. MAYFIELD 4223 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303-7214

66430389

01082004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAYFIELD, CATHERINE D.
4223 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

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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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MAYFIELD, CATHERINE D.
STREET ADDRESS	4223 CAPITAL CIRCLE NW
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	MAYFIELD, EMORY L.
STREET ADDRESS	4223 CAPITAL CIRCLE NW
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	OVEN, RANEY
STREET ADDRESS	4223 CAPITAL CIRCLE NW
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7-19-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #