

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N27269

FILED
Apr 30, 2003
Secretary of State

Entity Name: POMONA BLUFF HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% CATHERINE D. MAYFIELD
4223 CAPITAL CIRCLE NW
TALLAHASSEE, FL 323037214

New Principal Place of Business:

Current Mailing Address:

% CATHERINE D. MAYFIELD
4223 CAPITAL CIRCLE NW
TALLAHASSEE, FL 323037214

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

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: DP () Delete
Name: MAYFIELD, CATHERINE, D.
Address: 4223 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: MAYFIELD, EMORY L.,
Address: 4223 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: OVEN, RANEY,
Address: 4223 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CATHERINE D MAYFIELD

DP

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date