FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N95000005700**

1. Corporation Name

POMELLO PARK ROAD CORP.

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90086 014 ****61.25

·	O I AMIN' NO COM								
Principal Place of Business Mailing Address							-		
•			914 - 21ST AVE. WEST	VEST			1 JANES BILLE BILL BERLE BERLE BERLE BERLE BERLE BERLE BERLE BILLE BILLE	A 3	
BRADENTON FL 34205 BRADENTON FL 34205									
							[\$26(4)01 010 10101 01311 00113 Balt) Balt) 00111 00101 01111 (0011)	40151 4411 4881	
	•								
2. Principal P	2. Principal Place of Business 2a, Mailing Address						3. Date Incorporated or Qualifed		
21			Suite Ant # ste				11/24/1995 4. FEI Number	pplied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				 	lot Applicable	
City & State			City & State			<u></u>	\$8.75	Additional	
23							5. Certificate of Status Desired Fee F	Required	
Zip Country			Zip Country				6. Election Campaign Financing \$5.00	May Be	
25 29				30			Trust Fund Contribution Added to Fees		
	9. Name and Address of Current	Regis	stered Agent		31	Alama	10. Name and Address of New Registered Agent		
				ľ	"	Name			
SCHAPPACHER, RICHARD			8	32	Street Addres	ddress (P.O. Box Number is Not Acceptable)			
2914 - 21ST AVE. WEST				83					
BRADENTON FL 34205				\perp					
i				8	34	City	FL 85 Zip	Code	
office or a	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t I I and	da. Silich chande was ailtí	ionzen i	W I	ne comorando	oration submits this statement for the purpose of changing it in's board of directors. I hereby accept the appointment as it	s registered egistered	
SIGNATURE							when reinstation) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND			egistered A	gent	t signature required v	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	PD	J DINE	DELETE	1.1 TiTLI	Ē	Т	☐ Change		
NAME	SCHAPPACHER, RICHARD			1.2 NAM	Ε				
STREET ADDRESS				1.3 STRI	EET	ADDRESS		ì	
CITY-ST-ZIP	BRADENTON FL 34205			1.4 CITY	·st	-ZIP			
TITLE	VSD		☐ DELETE	2.1 TITL	Е	·	· □ Change	Addition	
NAME	SMALLEY, MICHAEL K			2.2 NAM	Ε				
STREET ADDRESS				2.3 STR	EET.	ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34208	,		2.4 CITY	Y-ST	r-zip			
TITLE	ן עווס		☐ DELETE	3.1 TITL			☐ Change	Addition	
NAME	CROSS, ROBERT D			3.2 NAM					
STREET ADDRESS	1					ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34208			3.4. CITA 4.1 TITL		r-ZIP	Change	Addition	
TITLE				4.1 HILL				ا المحادث المح	
NAME						ADDRESS			
STREET ADDRESS				4.4 City					
CITY-ST-ZIP TITLE	 		☐ DELETE	5.1 TITL			☐ Change	Addition	
NAME	}			5.2 NAM				ŀ	
STREET ADDRESS				5.3 STR	EET.	ADDRESS		1	
CITY-ST-ZIP				5.4 CITY	-ST	-ZIP			
TITLE			☐ DELETE	6.1 TITL	E		☐ Change	Addition	
NAME (ACC)	M. Carrie			6.2 NAM	E	İ		İ	
l	E WILLEY			6.3 STR	EET	ADDRESS			
CITY OT ZID	N 1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			6.4 CITY	-ST	ZIP	•	1	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: