




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90003 036 \*\*\*\*61.25

<b>DOCUMENT # N96000001962</b> 1. Entity Name <b>POMELLO RANCHES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 222 MYAKKA CITY, FL 34251 US</b>			Mailing Address <b>P. O. BOX 222 MYAKKA CITY, FL 34251 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01302006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>65-0818075</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GAMBLE, DEBI B 26400 69TH AVE E MYAKKA CITY, FL 34251</b>			7. Name and Address of New Registered Agent Name <b>Umhoefer, Marla A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>25007 71st Ave East</b> City <b>Myakka City,</b> <b>FL</b> Zip Code <b>34251</b>		
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 		<b>Marla A. Umhoefer</b>		<b>1-31-2006</b>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PATINO, TOM 25210 69TH AVE E MYAKKA CITY, FL 34251	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Adams, Michael G. 25007 71st Ave East Myakka City, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, MICHAEL 25007 71ST AVE E MYAKKA CITY, FL 34251	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP NONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MURPHY, SUSAN 6611 261ST ST E MYAKKA CITY, FL 34251	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Umhoefer, Marla A. 25007 71st Ave East Myakka City, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PATINO, THOMAS 25210 - 269TH AVENUE EAST MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HEIDENTHAL, STEFANI 26350 - 65TH AVENUE EAST MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCTY GAMBLE, DEBI 26400 69TH AVE E MYAKKA CITY, FL 34251	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scty/Dir Heidenthal, Stefani 26350 65th Ave East Myakka City, FL 34251
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		<b>Marla A. Umhoefer</b>		<b>1-31-2006 941-322-1950</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	