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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600002783

Corporation Name

POMELLO PARK RANCHES HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business 502 48TH STREET COURT E.

BRADENTON FL 34208

Mailing Address

502 48TH STREET COURT E. BRADENTON FL 34208

FILED Apr 20, 1999 8:00 am § Secretary of State

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2. Principal Pl	ace of Business	2a.	Mailing Address				3. Date Incorporated or Qualifed				
	- 48th St. Ct. E.	26	<u> 548 - 48th </u>	St.	Ct.	E.	05/24/1996 4. FEI Number		Tann	lied For	
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.				1	-		Applicable	
22		27	5: 0 0: 1				NOT APPLICABLE	60	75 .		
City & State	9	<u></u>	City & State	_ مد			5. Certificate of Status Desired	. ⊅ Ο. '~~ F	ee Rec	uired	
	enton, FL 34208_	28		FL 3 Country	4208					May Be	
Zip 	Country		Zip 30	Country			6. Election Campaign Financing Trust Fund Contribution		ided to		
24	9. Name and Address of Current	29					10. Name and Address of New Registere		3000 10		
	9. Name and Address of Current	Kedis	Iteled Agent	81	Name	_					
	A			- 1			(D.O. Barakharia Nat Accordable)				
GRIMES, CALEB J					82 Street Address (P.O. Box Number is Not Acceptable)						
1023 MANATEE AVENUE WEST											
BRADENT	ON FL 34205							11			
				84	City		F	L 85	Zip C	900	
11 Purcuant	to the provisions of Sections 617 0502	and 6	17.1508. Florida Statutes, ti	he above	a-named	corpoi	ration submits this statement for the purpose	of changi	ing its	egistered	
office or r	egistered agent, or both, in the State of	Horid	da. Such change was autho	пzеа ру	rue corbo	ration	is board of directors. I hereby accept the app	ointment	as reg	istered	
•	m familiar with, and accept the obligation	nis Of	, Section 617.0505, Pion0a	JIGIUIUS	•						
SIGNATURE	Signature, typed or printed name of registered agent a	and title	if applicable. (NOTE: Regis	istered Ager	nt signature r	equined s	when reinstating) DATE				
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTO	RS IN 12	
TITLE	PD		☐ DELETE	1.1 TITLE		PD		XXC	ange	☐ Addition	
NAME	BROWN, THOMAS B			1.2 NAME		Bre	own, Thomas B.				
STREET ADDRESS				1.3 STREET	ADDRESS		8 - 48th St. Ct. E.			•	
CITY-ST-ZIP	BRADENTON FL 34208			1.4 CITY-S	T-ZIP		adenton, FL 34208	2 5_			
TITLE	SD		DELETE	2.1 TITLE		SD		7 (C)	nange	XX Addition	
NAME	VELDKAMP, ANTOINE			2.2 NAME			own, Thomas B., Jr.	•			
STREET ADDRESS				2.3 STREE	T ADDRESS	54	8 - 48th St. Ct. E.				
CITY-ST-ZIP	BRADENTON FL 34208			2. 4 CITY-S	T-ZIP	Bra	adenton, FL 34208				
TITLE	VPD			3.1 TITLE		VPI		.∏CI	ange	☐ Addition	
NAME	BROWN, THOMAS B JR	.=.		3.2 NAME	- ~		own, Thomas B., JR.	_AA,			
STREET ADDRESS			ŀ	3.3 STREE	TADDRESS		48 - 48th St. Ct. E.				
C/TY-ST-ZIP	BRADENTON FL 34208			3.4. CITY-5	ST-ZIP		adenton.FL 34208				
TITLE			☐ DELETE	4.1 TITLE		ه د ب		□ CI	nange	☐ Addition	
NAME			Ì	4. 2 NAME							
STREET ADDRESS				4.3 STREE	T ADDRESS						
CITY-ST-ZIP			1	4.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	5.1 TITLE				□ CI	nange	☐ Addition	
NAME			l	5.2 NAME							
STREET ADDRESS				5.3 STREE	T ADORESS						
CITY-ST-ZIP	(1	5.4 CITY-S	T-ZIP	ĺ					
TITLE			☐ DELETE	6.1 TITLE				CI	nange	Addition	
NAME				6.2 NAME		1				•	
STREET ADDRESS			ĺ	6.3 STREE	TADDRESS						
CITY-ST-7IP				6.4 CITY-S	T-ZIP						

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, peon an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas B. Brown) 4/15/99 941-741-2500

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date