


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90031 041 \*\*\*\*61.25

**DOCUMENT # N03000009948**

1. Entity Name  
**PEBBLE BEACH AT LAGUNA LAKES ASSOCIATION, INC.**



Principal Place of Business  
**1044 CASTELLO DRIVE  
 SUITE 206  
 NAPLES, FL 34103 US**

Mailing Address  
**C/O SOUTHWEST PROPERTY MGMT  
 1044 CASTELLO DRIVE # 206  
 NAPLES, FL 34103**

200060010



2. Principal Place of Business - No P.O. Box #  
**6719 Winkler Rd**

3. Mailing Address  
**6719 Winkler Rd**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

02232007 Chg-NP CR2E037 (12/06)

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

Zip  
**33919**

Country  
**USA**

Zip  
**33919**

Country  
**USA**

4. FEI Number  
**20-0415282**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT CORP.  
 1044 CASTELLO DRIVE  
 SUITE 206  
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name  
**Alliant Property Management**

Street Address (P.O. Box Number is Not Acceptable)  
**6719 Winkler Road**

Suite  
**Suite 200**

City  
**Fort Myers, FL**

Zip Code  
**33919**

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 **M. L. K. Strohm, VP/OWNER** **M. L. K. Strohm** **2-27-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, MICHAEL 9215 CALLE ARRAGON AVE., #204 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODRICH, JOHN 9227 CALLE ARRAGON AVE., #204 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENA, KIM 9250 BELLEZA WAY, #202 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARZIA, JOE 9200 BELLEZA WAY, #201 FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGANELLO, JOHN 9209 CALLE ARRAGON AVE., #203 FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mike Rowe 9216 Calle Arragon Ave. #202 Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gerald Marino 9069 Paseo De Valencia St Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marion Strong 13100 Milagrosa Dr. #103 Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **M. L. K. Strohm** **03.05.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #