


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90002 050 ****61.25

DOCUMENT # N03000009948					
1. Entity Name PEBBLE BEACH AT LAGUNA LAKES ASSOCIATION, INC.					
Principal Place of Business 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919 US			Mailing Address 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLIANT PROPERTY MANAGEMENT 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD James Donnelly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWE, MIKE		NAME	1505 Milagrosa Dr #205	
STREET ADDRESS	9216 CALLA AARAGON AVE #202		STREET ADDRESS	Ft Myers, FL 33908	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD Cecile McKenzie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARINO, GERALD		NAME	9227 Calle Arragon Ave #202	
STREET ADDRESS	9069 PASEO DEVALENA ST		STREET ADDRESS	Ft Myers, FL 33908	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONG, MARION		NAME		
STREET ADDRESS	15100 MILAGROSA DR #103		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPTD Joe Garzia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARZIA, JOE		NAME		
STREET ADDRESS	9200 BELLEZA WAY, #201		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D Rudolph Bailey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGANELLO, JOHN		NAME	15100 Milagrosa Dr #105	
STREET ADDRESS	9209 CALLE ARRAGON AVE., #203		STREET ADDRESS	Ft Myers, FL 33908	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>James Donnelly</u>		PRES		3-22-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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4. FEI Number 20-0415282 Applied For Not Applicable

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