

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010408

FILED
Feb 16, 2009
Secretary of State

Entity Name: PEBBLEBROOK II HOA, INC.

Current Principal Place of Business:

M & E ASSOCIATES OF MIAMI, INC.
13055 SW 42 STREET, SUITE 203
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

M & E ASSOCIATES OF MIAMI, INC.
13055 SW 42 STREET, SUITE 203
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-1834816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OCHOA, ISABEL
Address: 1232 NE 41 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: T () Delete
Name: RUIZ, ERIKA
Address: 1160 NE 41 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: V () Delete
Name: JONES, RUSSELL
Address: 1033 NE 41 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: S () Delete
Name: HUSBAND, DAROSH
Address: 1131 NE 41 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUSBAND, DAROSH
Address: 1131 NE 41 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL OCHOA

P

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date