


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90456 027 ****61.25

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DOCUMENT # N05000008549 1. Entity Name PEBBLEBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813		Mailing Address 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813	
2. Principal Place of Business 2045 San Marcos Drive City & State Winter Haven, Fl Zip: 33880 Country: USA		3. Mailing Address 2045 San Marcos Drive City & State Winter Haven, Fl Zip: 33880 Country: USA	
6. Name and Address of Current Registered Agent ADAMS, ROBERT J 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813		7. Name and Address of New Registered Agent Richard A Tenaglia c.o. Creative Association Serv., Inc. 2045 San Marcos Drive Winter Haven, FL 33880 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 <u>Richard A. Tenaglia</u> 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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, JOEL 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, ROBERT J 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LINDSEY, GEORGE M III 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 reports 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>George Lindsey III</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/20/06</u> Daytime Phone #	