


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000008549**

1. Entity Name  
**PEBBLEBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 3020 S. FLORIDA AVE SUITE 101 LAKELAND, FL 33803 US	Mailing Address 3020 S. FLORIDA AVE SUITE 101 LAKELAND, FL 33803 US
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01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3598358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TENAGLIA, RICHARD A  
 C/O CREATIVE ASSOC SERVICE INC  
 2045 SAN MARCOS DRIVE  
 WINTER HAVEN, FL 33880

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000800748  
 01/31/08-80030-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, JOEL 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, ROBERT J 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LINDSEY, GEORGE M III 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #