



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
08 JUN 30 PM 3:02

<b>DOCUMENT # N05000008549</b> 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		100132070701 07/02/08--01010--021 **\$1.25	
2. Principal Place of Business - No P.O. Box # 8838 Pebblebrooke Dr.		3. Mailing Address 8838 Pebblebrooke Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06162008 Chg-NP CR2E037 (12/06)	
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 20-3598358	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33810		Country USA		Zip 33810	
Country USA		Country USA		6. Name and Address of Current Registered Agent	
LINDSEY, GEORGE 3020 S FLORIDA AVE STE 101 LAKELAND, FL 33803		7. Name and Address of New Registered Agent			
		Name Harold Meyerhoffer			
		Street Address (P.O. Box Number is Not Acceptable) 8838 Pebblebrooke Drive			
		City Lakeland, FL		Zip Code FL 33810	
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 <i>Harold Meyerhoffer</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 10/25/08	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, JOEL 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Harold Meyerhoffer 8838 Pebblebrooke Drive Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, ROBERT J 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Satterfield 8830 Pebblebrooke Drive Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LINDSEY, GEORGE M III 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Monica Harris 3217 Pebblebrooke Blvd. Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Larry Seelye 8830 Pebblebrooke Drive Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara Dixon 8905 Pebblebrooke Drive Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bill Schreiber 3236 Pebblebrooke Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" 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: <i>Harold Meyerhoffer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 06/25/08	
				DAYTIME PHONE # 853-3900	

6/30/08