

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006424

FILED
Apr 28, 2008
Secretary of State

Entity Name: PEBBLE BROOKE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3402 APALACHEE PARKWAY
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

3402 APALACHEE PARKWAY
TALLAHASSEE, FL 32311 US

New Mailing Address:

FEI Number: 26-0611975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, JIM
3402 APALACHEE PARKWAY
TALLAHASSEE, FL 32311 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: PD () Delete
Name: BENNETT, JIM
Address: 3402 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: VD () Delete
Name: HANSELMAN, DAVID
Address: 3031 ELIZA ROAD, SUITE 1
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: LIEDY, STEVEN
Address: 3031 ELIZA ROAD, SUITE 1
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: BOYKIN, CHAD
Address: 3402 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENNETT, JIM
Address: 3402 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: VD (X) Change () Addition
Name: HANSELMAN, DAVID
Address: 3031 ELIZA ROAD, SUITE 1
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: TD (X) Change () Addition
Name: LIEDY, STEVEN
Address: 3031 ELIZA ROAD, SUITE 1
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: SD (X) Change () Addition
Name: BOYKIN, CHAD
Address: 3402 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32311 US

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: JIM BENNETT

PD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date