

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006424

FILED  
Apr 09, 2009  
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:

644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

## Current Mailing Address:

3402 APALACHEE PARKWAY  
TALLAHASSEE, FL 32311 US

## New Mailing Address:

PO BOX 13089  
TALLAHASSEE, FL 32317 US

FEI Number: 26-0611975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RHINEHEART, ROBERT S CAM  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

RHINEHEART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

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: ROBERT S. RHINEHART

04/09/2009

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 US

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

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

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

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

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

04/09/2009

Electronic Signature of Signing Officer or Director

Date