

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006424

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** PEBBLE BROOKE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13089  
TALLAHASSEE, FL 32317 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:**

RHINEHEART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 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: P  
Name: COOKE, DOUGLAS  
Address: 668 BROKE MANOR DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: VP  
Name: LAUER, STEVE  
Address: 758 BROOKE MANOR DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: S/T  
Name: JACOBSON, DOUG  
Address: 762 BROOKE MANOR DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D  
Name: JONES, KAREEN  
Address: 511 BROOKE MANOR DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: D  
Name: FORSMAN, LILY  
Address: 783 BROOKE MANOR DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT S. RHINEHART

CAM

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date