2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N29844

Entity Name: PEBBLE EAST TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

26366 NADIR ROAD
P.O. BOX 596
PUNTA GORDA, FL 33983

New Principal Place of Business:

26366 NADIR ROAD
PUNTA GORDA, FL 33983

Current Mailing Address:

C/O STAR HOSPITALITY MANAGEMENT, INC.
6025 TAYLOR ROAD, SUITE #2
PUNTA GORDA, FL 33950 US

New Mailing Address:

C/O STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD
PUNTA GORDA, FL 33950 US

FEI Number: 65-0095260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, LISA
STARR MANAGEMENT
6025 TAYLOR RD
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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: H. SHERIDAN DANKO 02/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: PERRY, EDWARD
Address: 2638 NADIR RD. #406
City-St-Zip: PUNTA GORDA, FL 33983

Title: S ( ) Delete
Name: WOODSON, EVA
Address: 2637 NADIR RD #307
City-St-Zip: PUNTA GORDA, FL 33983

Title: PD ( ) Delete
Name: WILMAN, PAULA M
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D ( ) Delete
Name: POPLAWSKI, DOROTHY
Address: 26366 NADIR RD #208
City-St-Zip: PUNTA GORDA, FL 33983

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: T ( ) Change (X) Addition
Name: SPRINGSTUBE, DONALD
Address: 26356 NADIR RD #103
City-St-Zip: PUNTA GORDA, FL 33983

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: PAULA WILMAN P 02/13/2009
Electronic Signature of Signing Officer or Director Date