

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42741

1. Entity Name

PEBBLE POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779

2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

1633 E Vine Street

1633 E Vine St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

Suite 110

City & State

City & State

Kissimmee FL

Kissimmee FL

Zip

Zip

34744

34744

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W. JR.
2180 W. SR. 434
SUITE 5000
LONGWOOD FL 32779

Name Rebecca Furlow

Street Address (P.O. Box Number is Not Acceptable)
1633 E Vine Street

Suite 110

City Kissimmee FL Zip Code 34744

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.

SIGNATURE Rebecca Furlow

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RODRIGUEZ, IVONNE
STREET ADDRESS 2710 RISMAN COURT
CITY-ST-ZIP KISSIMMEE FL 34743 ☒ Delete

TITLE V.P.D.
NAME TORRES, ROBERT
STREET ADDRESS 2806 BERKSHIRE CIR
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Change ☒ Addition

TITLE DV
NAME ROEHL, DOUGLAS
STREET ADDRESS 2697 DEVONSHIRE COURT
CITY-ST-ZIP KISSIMMEE FL 34743 ☒ Delete

TITLE P/B D
NAME Camacho, Henry
STREET ADDRESS 2805 BERKSHIRE Circle
CITY-ST-ZIP Kissimmee FL 34743 ☐ Change ☒ Addition

TITLE SD
NAME ACOSTA, IRENE
STREET ADDRESS 2847 BERKSHIRE CIR
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete

TITLE PD
NAME ACOSTA, IRENE
STREET ADDRESS 2847 BERKSHIRE CIR
CITY-ST-ZIP Kissimmee FL 34743 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT TORRES V-P 2/11/02

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)