

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90040 046 ****61.25

DOCUMENT # N42741

1. Entity Name
PEBBLE POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1633 E VINE STREET
SUITE 110
KISSIMMEE, FL 34744**

Mailing Address
**1633 E VINE STREET
SUITE 110
KISSIMMEE, FL 34744**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3102958

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURLOW, REBECCA
1633 E VINE STREET
STE 110
KISSIMMEE, FL 34744**

Name **Reland Management, Inc**
Street Address (P.O. Box Number is Not Acceptable) **1633 E Vine Street Ste 110**
City **Kissimmee** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Delete
NAME **VPD TORRES, ROBERT**
STREET ADDRESS **2806 BERKSHIRE CIR**
CITY- ST- ZIP **KISSIMMEE, FL 34743**

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

TITLE ☐ Delete
NAME **ST KERR, LOIS**
STREET ADDRESS **2766 WOODSTREAM CIR.**
CITY- ST- ZIP **KISSIMMEE, FL 34743**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

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

Date

Daytime Phone #