

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43847

FILED
Feb 08, 2009
Secretary of State

Entity Name: PEBBLE CREEK OF MELBOURNE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 410553
MELBOURNE, FL 329410553 US

New Principal Place of Business:

4553 RIVERMIST DRIVE
MELBOURNE, FL 32935 US

Current Mailing Address:

P.O. BOX 410553
MELBOURNE, FL 329410553 US

New Mailing Address:

FEI Number: 59-3111985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, TINO
1600 SARNO ROAD, SUITE 1
MELBOURNE, FL 32935 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: D () Delete
Name: CROCKER, LEON
Address: 2942 PEBBLE CREEK STREET
City-St-Zip: MELBOURNE, FL 32935

Title: VD () Delete
Name: CHAMPAGNE, HENRY
Address: 4534 RIVERMIST DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: COX, MANDY
Address: 4553 RIVERMIST DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete
Name: TOPPI, DENISE
Address: 4522 RIVERMIST DR
City-St-Zip: MELBOURNE, FL 32935

Title: PD () Delete
Name: POPE, TAMRA
Address: 3000 PEBBLE CREEK ST
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: TOWNSEND, JANICE
Address: 2983 PEBBLE CRK ST
City-St-Zip: MELBOURNE, FL 32935

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: SD (X) Change () Addition
Name: HENNING, KATHY
Address: 2986 PEBBLE CREEK STREET
City-St-Zip: MELBOURNE, FL 32935

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

Title: D (X) Change () Addition
Name: HUGHES, JOSEPHINE
Address: 4528 RIVERMIST DRIVE
City-St-Zip: MELBOURNE, FL 32935

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: MANDY COX

TD

02/08/2009

Electronic Signature of Signing Officer or Director

_____ Date