

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44772

FILED
Apr 01, 2009
Secretary of State

Entity Name: PEBBLE CREEK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2710 PEBBLE CREEK PLACE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

2710 PEBBLE CREEK PLACE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-0611992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNGOVAN, ROBERT
2511 PEBBLE CREEK PLACE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

IZAD, JOHN PD
2681 PEBBLE CREEK PLACE
PORT CHARLOTTE, FL 33948 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: JOHN IZAD

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNGOVAN, ROBERT
Address: 2511 PEBBLE CREEK PLACE
City-St-Zip: PT CHARLOTTE, FL 33948

Title: ST () Delete
Name: MAJERCZYK, ROBERT
Address: 2510 PEBBLE CREEK PL
City-St-Zip: PT CHARLOTTE, FL 33948

Title: D () Delete
Name: DALLAS, JOHN
Address: 2700 PEBBLE CREEK PLACE
City-St-Zip: PORT CHARLOTTE,, FL 33948

Title: D (X) Delete
Name: FOSTER, CHET
Address: 2500 PEBBLE CREEK PLACE
City-St-Zip: PORT CHARLOTTE,, FL 33948

Title: D (X) Delete
Name: MAJERCZYK, SHARON
Address: 2510 PEBBLE CREEK PLACE
City-St-Zip: PORT CHARLOTTE,, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IZAD, JOHN
Address: 2681 PEBBLE CREEK PLACE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ST (X) Change () Addition
Name: SIEBENTHALER, PHILLIP
Address: 2430 PEBBLE CREEK PLACE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP (X) Change () Addition
Name: JOSEPH, PETERS
Address: 2100 MIDWAY BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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

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: JOHN IZAD

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date