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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2001 8:00 am DOCUMENT # N96000000693 **Secretary of State** 03-26-2001 90025 028 ****61.25 PEBBLE RIDGE HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 10071 PEBBLE RIDGE DR 10071 PEBBLE RIDGE DR JACKSONVILLE FL 32220 JACKSONVILLE FL 32220 2. Principal Place of Business 3. Mailing Address 1180 Pebble Ridge Ct. 1180 Pebble Ridge Ct. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3372245 Jacksonville, FL Jacksonville, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32220 Fee Required Duval 32220 Duval 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ralph Kinman Street Address (P.O. Box Number is Not Acceptable) 1196 Pebble Ridge Ct. GOODROE, GLENN 10033 PLANK LN JACKSONVILLE FL 32220 Zin Code Jacksonville 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 _ Signature, typed or printed name of registered agent and title if applicable. FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS President ... Change TITLE Delete TITLE GREENE, JOHNNY NAME Ralph Kinman STREET ADDRESS 10095 PEBBLE RIDGE DR STREET ADDRESS 1196 Pebble Ridge Ct. CITY-ST-ZIP JACKSONVILLE FL 32220 CITY-ST-ZIP Jacksonville, FL 32220 PDT ☐ Delete Change TITLE TITLE ☐ Addition Vice President GOODROE, GLENN NAME NAME Gary Barrett 10033 PLANK LANE STREET ADDRESS STREET ADDRESS 10007 Pebble Ridge Drive CITY-ST-ZIP CITY~ST-ZIP JACKSONVILLE FL 32220 Jacksonville, FL 32220 Change TITLE ☐ Addition ☐ Delete Secretary/Treasure COWELL, JEFFERY NAME Jo Ann Faulk 10071 PEBBLE RIDGE DRIVE NORTH STREET ADDRESS STREET ADDRESS 1180 Pebble Ridge Ct. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32220 Jacksonville, PL 32220 ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

JSAM FATTURE

changed, or on an attachment with an address, with all other like empowered.

3/23/01

904-766-6796

Daytime Phone #