

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 04, 2005  
Secretary of State**

DOCUMENT# N96000000693

Entity Name: PEBBLE RIDGE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4003 HARTLEY ROAD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

4003 HARTLEY ROAD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 59-3372245      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CANTRELL, BRYAN  
SIGNATURE REALTY & MANAGEMENT, INC.  
4003 HARTLEY ROAD  
JACKSONVILLE, FL 32257 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: PD ( ) Delete  
Name: BARKER, DORI  
Address: 10095 PEBBLE RIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32220

Title: VPD ( ) Delete  
Name: SMITH, NANCY  
Address: 1018 PEBBLE RIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32220

Title: STD ( ) Delete  
Name: HARRIS, BETSY  
Address: 10066 PLANK LANE  
City-St-Zip: JACKSONVILLE, FL 32220

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BARKER, DORRI  
Address: 10095 PEBBLE RIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32220

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 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 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: BARKER, DORRI

PD

03/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date