FILED Feb 26, 2003 8:00 am

	INIFORM BUSINE	OFIT CORPORESS REPOR	T (UBR)	1	Secretary of	
DOC 1. Entity N	UMENT # N96000	000693			01-30-2003 90155 005 *	****61.25
PEDBLI	E RIDGE HOME OWNERS ASS	UCIATION, INC.			L L 11 7 7 7 7 0	
Principal P	Place of Business	Mailing Address		 - ,	55011419	
	LE RIDGE CT ILLE FL 32220	1180 PEBBLE RIDGE CT JACKSONVILLE FL 32220				
2. Principa	al Place of Business	3. Mailing Address	1-1Sanson			
988	19-15an Joy Blod	Suite, Apt. #, etc	- Jansoy		CHECK HERE IF MAKING CHANG	ES
City B. Si	<u> </u>	City & State		4. FEI Number	59-3372245	Applied For Not Applicable
n	Country LGA 6. Name and Address of Current R	Registered Agent	Country	5. Certificate of 5	Fee Requ	Additional
•			Nache	/ Name and Ad	dress of New Registered Agent	
10007	TT, gary Pebble Ridge Drive Onville FL 32220		Sign Sign		190= Signature Ru Not Acceptable 1954 Blvd 1945	effer
8. The abov	ve named entity submits this statement for ations of registered agent.	the purpose of changing its	registered office or red	distered agent or both in	FL Zigg	225)
ine obliga	ations of registered agent,	_		posterior agont, or bottly at	i ilile State di Florida. Il am tamiliar wit	h, and accent I
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SIGNATU RE	Signature properties project comment or project comment	1	Proper by Naus	oet_		
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	Proper by Naus	IOR# quired when reinstating)	1/20/03	
	Signature, typed or printed name of registered apent and FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	Registered Agent signature re-	oet_	1/20/03	e to
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DIRE	9. Election Cam Trust Fund Co	Registered Agent signature re- spaign Financing portribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make Check-Payable Florida Department of	e to State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes. I turther 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

TITLE .

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1-21-03

☐ Change

☐ Addition