

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

01-30-2003 90155 005 \*\*\*\*61.25

DOCUMENT # **N96000000693**

1. Entity Name

**PEBBLE RIDGE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business

**1180 PEBBLE RIDGE CT  
JACKSONVILLE FL 32220**

Mailing Address

**1180 PEBBLE RIDGE CT  
JACKSONVILLE FL 32220**

**55011419**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

*Signature Realty of Manat*  
*9889-1 San Jose Blvd*

3. Mailing Address

*880 9889-1 San Jose Blvd*  
*Jax, FL.*

City & State

*Jax, FL.*

City & State

*Jax, FL.*

Zip

*32257*

Country

*USA*

Zip

*32257*

Country

4. FEI Number **59-3372245**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARRETT, GARY  
10007 PEBBLE RIDGE DRIVE  
JACKSONVILLE FL 32220**

7. Name and Address of New Registered Agent

*880 9889-1 San Jose Blvd*  
*Signature Realty*  
*Jax, FL. 32257*

**FL**

Zip Code  
*32257*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

*Property Manager*

*1/20/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BARRETT, GARY	10007 PEBBLE RIDGE DRIVE	JACKSONVILLE FL 32220	<input checked="" type="checkbox"/>
VD	HATCHER, SUSAN	1122 PEBBLE RIDGE DRIVE	JACKSONVILLE FL 32220	<input checked="" type="checkbox"/>
STD	FAULK, JOANN	1180 PEBBLE RIDGE COURT	JACKSONVILLE FL 32220	<input checked="" type="checkbox"/>
ST	FAULK, JO ANN	1180 PEBBLE RIDGE CT	JACKSONVILLE FL 32220	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT D	SUSAN HATCHER	1122 PEBBLERIDGE DRIVE	JACKSONVILLE, FL 32220	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	BECKY RUNDALL	10091 PEBBLE RIDGE DRIVE	JACKSONVILLE, FL 32220	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST-D	KAREN GLENN	1060 PEBBLE RIDGE DRIVE	JACKSONVILLE, FL 32220	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-21-03*

Date

*904-771-6468*

Daytime Phone #

CR2E037 (10/02)