

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000271

FILED
Apr 07, 2007
Secretary of State

Entity Name: PEBBLEBROOKE LAKES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4306 SUNBURST MANAGEMENT
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O SUNBURST MANAGEMENT CORP.
P.O. BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-3526884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVENUE
NAPLES, FL 34104 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: KITCHNER, FRANK
Address: 261 SHELL STONE CT.
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: HOWLAND, JOSEPHINE
Address: 184 SKIPPING STONE LANE
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: SMITH, HAWLEY
Address: 8395 BIG ACORN CIR #102
City-St-Zip: NAPLES, FL 34119

Title: VP D () Delete
Name: MAENZA, JILL
Address: 353 SWEETBAY LANE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: MAROON, JEFFREY
Address: 359 BURNT PINE DRIVE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: HAIGHT, GREG
Address: 8427 HOLLOW BROOKE CR.
City-St-Zip: NAPLES, FL 34119

Title: TD (X) Change () Addition
Name: WISEMAN, JAMES
Address: 309 SPIDER LILY LANE
City-St-Zip: NAPLES, FL 34119

Title: DVP (X) Change () Addition
Name: MAENZA, JILL
Address: 353 SWEETBAY LANE
City-St-Zip: NAPLES, FL 34119

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 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: FRANK KITCHENER

DP

04/07/2007

Electronic Signature of Signing Officer or Director

Date