

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746121

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC9965358992**

**Entity Name:** PEBBLE BEACH VILLAGE HOMEOWNERS ASSOCIATION,INC.

**Current Principal Place of Business:**

TWO CAMINO DEL MAR  
PALM COAST, FL 32137

**Current Mailing Address:**

POST OFFICE BOX 350279  
PALM COAST, FL 32135 US

**FEI Number:** 59-2206554

**Certificate of Status Desired:** No

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

SOUTHERN STATES MANAGEMENT GROUP, INC.  
TWO CAMINO DEL MAR  
PALM COAST, FL 32137 US

*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:** FRED ANNON

04/26/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FERRETTI, ANNE  
Address POST OFFICE BOX 350279  
City-State-Zip: PALM COAST FL 32135

Title SD  
Name ANDREYCHAK, MARY ANN  
Address POST OFFICE BOX 350279  
City-State-Zip: PALM COAST FL 32135

Title VPD  
Name FRIES, ED  
Address POST OFFICE BOX 350279  
City-State-Zip: PALM COAST FL 32135

Title TD  
Name O'MERA, JIM  
Address POST OFFICE BOX 350279  
City-State-Zip: PALM COAST FL 32135

Title D  
Name PESCE, SAMUEL  
Address POST OFFICE BOX 350279  
City-State-Zip: PALM COAST FL 32135

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANNE FERRETTI

**PRESIDENT**

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date