

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 22, 2013
Secretary of State
CC4563571247

Entity Name: PEBBLE BROOKE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 13089
TALLAHASSEE, FL 32317 US

FEI Number: 26-0611975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHINEHEART, ROBERT S
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name COOKE, DOUGLAS
Address 668 BROOKE MANOR DRIVE
City-State-Zip: TALLAHASSEE FL 32311

Title VP
Name FORSMAN, NEAL
Address 783 BROOKE MANOR DRIVE
City-State-Zip: TALLAHASSEE FL 32311

Title S/T
Name JONES, ROSHANDRA
Address 790 BROOKE MANOR DRIVE
City-State-Zip: TALLAHASSEE FL 32311

Title D
Name JONES, KEREEN
Address 511 BROOKE MANOR DRIVE
City-State-Zip: TALLAHASSEE FL 32311

Title D
Name WILLIAMS, MARVIN
Address 451 BROOKE MANOR DRIVE
City-State-Zip: TALLAHASSEE FL 32311

Title MANAGER/AGENT
Name RHINEHART, ROBERT S
Address PO BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

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: ROBERT S RHINEHART

MANAGER/AGENT

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date