

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006424

FILED
Apr 10, 2017
Secretary of State
CC7767311317

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:

RHINEHART, 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: ROBERT S. RHINEHART

04/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name JONES, KEREEN
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title S/T
Name BRIDGES, JAMAYA
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT
Name WILLIAMS, MARVIN
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

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

Title DIRECTOR
Name MORGAN, CHERYL
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name LEWIS, REGINA
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

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

REGISTERED AGENT

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date