

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006424

**Entity Name:** PEBBLE BROOKE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**8082248275CC**

**Current Principal Place of Business:**

719 EAST PARK AVENUE  
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:**

MCKEE, KAYLA  
719 EAST PARK AVENUE  
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:** KAYLA MCKEE

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JONES, KEREEN  
Address PO BOX 13089  
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY  
Name BENBOE, JAMAYA  
Address PO BOX 13089  
City-State-Zip: TALLAHASSEE FL 32317

Title MANAGER/AGENT  
Name MCKEE, KAYLA  
Address PO BOX 13089  
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER  
Name ROLLINS, CHERYL  
Address PO BOX 13089  
City-State-Zip: TALLAHASSEE FL 32317

Title VP  
Name STITELY, DENISE  
Address PO BOX 13089  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name ROBERSON, BRITTANY  
Address PO BOX 13089  
City-State-Zip: TALLAHASSEE FL 32317

Title PRESIDENT  
Name HARVEY, GABRIELLE  
Address PO BOX 13089  
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR  
Name MARTIN, ARECIA  
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:** KAYLA MCKEE

**MANAGER**

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date