## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006424

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

**FILED** Apr 28, 2014

**Secretary of State** 

CC3414607019

Officer/Director Detail:

Title ٧P Title S/T

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

City-State-Zip: TALLAHASSEE FL 32301

**PRESIDENT** Title MANAGER/AGENT Title

RHINEHART, ROBERT S Name WILLIAMS, MARVIN Name

Address 644 CAPITAL CIRCLE NE Address PO BOX 13089

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR

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

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

04/28/2014