

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006424

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**9223090106CC**

**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:**

MCKEE, KAYLA  
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:** KAYLA MCKEE

04/26/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title DIRECTOR  
Name STITELY, DENISE  
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:** KAYLA MCKEE

**REGISTERED AGENT**

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date