2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007753

Entity Name: PEBBLE POINTE COMMUNITY ASSOCIATION, INC.

FILED
Apr 02, 2021
Secretary of State
4873082044CC

Current Principal Place of Business:

C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762

Current Mailing Address:

C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762 US

FEI Number: 47-2344658 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLS, JENNIFER A RA LAW 850 PARK SHORE DRIVE TRIANON CENTRE, 3RD FLOOR NAPLES, FL 34103 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: JENNIFER A NICHOLS 04/02/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name VAZQUEZ, CATHERINE Name COTRONEO, DNEIL JOHN

Address C/O PRECEDENT HOSPITALITY & Address C/O PRECEDENT HOSPITALITY &

PROPERTY MANAGEMENT

3001 EYECLITIVE DRIVE SHITE 260

3001 EYECLITIVE DRIVE SHITE

3001 EXECUTIVE DRIVE SUITE 260 3001 EXECUTIVE DRIVE SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title PRESIDENT Title SECRETARY

Name REID, VERONICA Name D'ACUNTO, DOMINICK

Address C/O PRECEDENT HOSPITALITY & Address C/O PRECEDENT HOSPITALITY &

PROPERTY MANAGEMENT PROPERTY MANAGEMENT

3001 EXECUTIVE DRIVE SUITE 260 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title TREASURER
Name RIEDY, JIM

Address C/O PRECEDENT HOSPITALITY &

PROPERTY MANAGEMENT

3001 EXECUTIVE DRIVE SUITE 260

City-State-Zip: CLEARWATER FL 33762

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: VERONICA REID PRESIDENT 04/02/2021