

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29844

**FILED**  
**Feb 23, 2017**  
**Secretary of State**  
**CC1060388713**

**Entity Name:** PEBBLE EAST TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

26366 NADIR ROAD  
PUNTA GORDA, FL 33983

**Current Mailing Address:**

C/O STAR HOSPITALITY MANAGEMENT, INC.  
26530 MALLARD  
PUNTA GORDA, FL 33950 US

**FEI Number:** 65-0095260

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 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

**Officer/Director Detail :**

Title D  
Name LARGE, WILLIAM  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title T  
Name KAYATTA, ANITA LYNN  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title S  
Name HALL, MARY LOU  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title VP  
Name WILMAN, PAULA  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title P  
Name MAYBANK, MAUREEN  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

*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:** MAUREEN MAYBANK

**PRES**

**02/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date