

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29844

**FILED  
Apr 08, 2015  
Secretary of State  
CC8004266261**

**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           DIRECTOR  
Name           LAW, RITA  
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           SECRETARY  
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           PRESIDENT  
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**

**PRESIDENT**

**04/08/2015**

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

\_\_\_\_\_  
Date