

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

DOCUMENT# N98000000271

**FILED  
Apr 22, 2015  
Secretary of State  
CC8593991059**

**Entity Name:** PEBBLEBROOKE LAKES MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

4851 TAMIAMI TRAIL N  
STE 400  
NAPLES, FL 34103

**Current Mailing Address:**

4851 TAMIAMI TRAIL N  
STE 400  
NAPLES, FL 34103 US

**FEI Number: 59-3526884**

**Certificate of Status Desired: No**

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

COMPASS MANAGEMENT GROUP  
4851 TAMIAMI TRAIL N  
STE 400  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name BALON, MICHELLE  
Address 4851 TAMIAMI TRAIL N  
STE 400  
City-State-Zip: NAPLES FL 34103

Title DIRECTOR  
Name MAROON, JEFF  
Address 4851 TAMIAMI TRAIL N  
STE 400  
City-State-Zip: NAPLES FL 34103

Title PRESIDENT  
Name GELLETLY, JANELLE  
Address 4851 TAMIAMI TRAIL N  
STE 400  
City-State-Zip: NAPLES FL 34103

Title TREASURER  
Name VESPO, JEFF  
Address 4851 TAMIAMI TRAIL N  
STE 400  
City-State-Zip: NAPLES FL 34103

Title SECRETARY  
Name FARESE, JAMES  
Address 4851 TAMIAMI TRAIL N  
STE 400  
City-State-Zip: NAPLES FL 34103

*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: JANELLE GELLETLY**

**PRESIDENT**

**04/22/2015**

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

\_\_\_\_\_  
Date