

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007046

FILED
Jul 02, 2006
Secretary of State

Entity Name: NORTH PEBBLE BEACH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1018 N. PEBBLE BEACH RD.
SUN CITY CENTER, FL 33573

New Principal Place of Business:

1012 N. PEBBLE BEACH RD.
SUN CITY CENTER, FL 33573

Current Mailing Address:

1024 N PEBBLE BEACH
SUN CITY CENTER, FL 33573

New Mailing Address:

730 CAMELLIA GREEN DR.
SUN CITY CENTER, FL 33573

FEI Number: 16-1664047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HINES, JAMES P JR
C/O BETTE J FUNSCH
1018 N. PEBBLE BEACH BLVD.
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

MCGARY, CAMELIA A
C/O 730 CAMELLIA GREEN DR.
SUN CITY CENTER, FL 33573 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: CAMELIA A. MCGARY

07/02/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FUNSCH, BETTE J
Address: 1018 N PEBBLE BEACH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VSD () Delete
Name: FUNSCH, BETTE J
Address: 1018 N PEBBLE BEACH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD (X) Delete
Name: BOYCE, ROBERT
Address: 1016 N PEBBLE BEACH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VSD (X) Delete
Name: KULIS, CAROLINE
Address: 1715 COUNCIL DR
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCGARY, CAMELIA A
Address: 730 CAMELLIA GREEN DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TRES (X) Change () Addition
Name: SAWYER, NAN T
Address: 1014 N PEBBLE BEACH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAMELIA A. MCGARY

PRES

07/02/2006

Electronic Signature of Signing Officer or Director

Date