

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90053 022 ****61.25

DOCUMENT # N03000005228					
1. Entity Name FIRST PEBBLE BEACH PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1415 1405 N. PEBBLE BCH BLVD SUN CITY CENTER, FL 33573			Mailing Address 1415 1405 N. PEBBLE BCH BLVD SUN CITY CENTER, FL 33573		
2. Principal Place of Business 1415 N. PEBBLE BEACH BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-1948225	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, JAMES P JR. 315 S HYDE PK AVE TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MOLLMAN, EDWARD L STREET ADDRESS 1413 N. PEBBLE BCH BLVD CITY-ST-ZIP SUN CITY CENTER, FL 33573	☒ Delete		TITLE PD NAME PLISKA, Eugene D. STREET ADDRESS 1405 N. Pebble Beach Blvd CITY-ST-ZIP SUN CITY CENTER, FL 33573	☒ Change ☐ Addition	
TITLE VD NAME PLISKA, EUGENE D STREET ADDRESS 1405 N. PEBBLE BCH BLVD CITY-ST-ZIP SUN CITY CENTER, FL 33573	☒ Delete		TITLE VD NAME MOLLMAN, Edward L. STREET ADDRESS 1413 N. Pebble Beach Blvd CITY-ST-ZIP SUN CITY CENTER, FL 33573	☒ Change ☐ Addition	
TITLE SD NAME DORRE, KATHRYN STREET ADDRESS 1411 N. PEBBLE BCH BLVD CITY-ST-ZIP SUN CITY CENTER, FL 33573	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE T NAME KRUEGER, MARGARET D STREET ADDRESS 1401 N PEBBLE BCH BLVD CITY-ST-ZIP SUN CITY CENTER, FL 33573	☒ Delete		TITLE T NAME MARGARET D. KRUEGER STREET ADDRESS 1415 N. PEBBLE BEACH BLVD CITY-ST-ZIP SUN CITY CENTER, FL 33573	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Margaret D. Krueger</u> <u>Mar. 8, 06</u> <u>813-634-6464</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

mailed To

Division of Corporations
PO Box 1500

40028554

