

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # N03000005228 1. Entity Name FIRST PEBBLE BEACH PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1415 N. PEBBLE BCH BLVD SUN CITY CENTER FL 33573			Mailing Address 1415 N. PEBBLE BCH BLVD SUN CITY CENTER FL 33573		
2. Principal Place of Business - No P.O. Box # 1415 N. PEBBLE BEACH			3. Mailing Address Suite, Apt. #, etc.		
City & State SUN CITY CENTER, FL			City & State		
Zip 33573		Country HILLSBOROUGH		4. FEI Number 56-1948225	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
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 _____ Signature typed or printed name of registered agent and title. (Indicate if registered agent signature is required when returning.)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PLISKA, EUGENE D 1405 N PEBBLE BEACH BLVD SUN CITY CENTER FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000849791 03/21/08-80035-002 61.25 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLLMAN, EDWARD L 1413 N PEBBLE BEACH BLVD SUN CITY CENTER FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORRE, KATHRYN 1411 N. PEBBLE BCH BLVD SUN CITY CENTER FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRUEGER, MARGARET D 1415 N PEBBLE BEACH BLVD SUN CITY CENTER FL 33573	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 Section 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: *Margaret D Krueger*

3/5/08

813-634-6464