

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005228

FILED
Feb 28, 2009
Secretary of State

Entity Name: FIRST PEBBLE BEACH PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1415 N. PEBBLE BCH BLVD
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

1415 N. PEBBLE BCH BLVD
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 56-1948225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P JR.
315 S HYDE PK AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PLISKA, EUGENE D
Address: 1405 N PEBBLE BEACH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD () Delete
Name: MOLLMAN, EDWARD L
Address: 1413 N PEBBLE BEACH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD () Delete
Name: DORRE, KATHRYN
Address: 1411 N. PEBBLE BCH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T () Delete
Name: KRUEGER, MARGARET D
Address: 1415 N PEBBLE BEACH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: MARGARET D. KRUEGER

TRS

02/28/2009

Electronic Signature of Signing Officer or Director

Date