## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009199

Apr 24, 2008 Secretary of State

Entity Name: PEBBLEBROOKE COMMERCIAL PHASE IV PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

6635 WILLOW PARK DRIVE 2375 TAMIAMI TRAIL N NAPLES, FL 34109

SUITE 210

NAPLES, FL 34103

**Current Mailing Address:** New Mailing Address:

6635 WILLOW PARK DRIVE 2375 TAMIAMI TRAIL N NAPLES, FL 34109 SUITE 210

NAPLES, FL 34103

FEI Number: 26-0106189 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CONROY, J THOMAS III MOREY, JAMES F III 2210 VANDERBILT BEACH ROAD 2375 TAMIAMI TRAIL N **SUITE 1201** SUITE 210 NAPLES, FL 34109 US 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: JAMES F. MOREY 04/24/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

DEANGELIS, JOHN M DEANGELIS, JOHN M Name: Name: 6635 WILLOW PARK DRIVE Address: 2316 HARRIER RUN Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34105

Title: () Delete Title: (X) Change ( ) Addition DIAMOND, DAVID B Name: DIAMOND, DAVID B Name:

Address: 6635 WILLOW PARK DRIVE Address: 28650 ALTESSA WAY #201 City-St-Zip: NAPLES, FL 34109 City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS () Delete Title: (X) Change ( ) Addition

DEANGELIS, RAY DEANGELIS, RAYMOND Name: Name: 6635 WILLOW PARK DRIVE Address: Address: 4229 CUTLASS LN. City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34102

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: ALLEN, CHRIS Address: Address: 565 HICKORY RD. City-St-Zip: City-St-Zip: NAPLES, FL 34108

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: JAMES F. MOREY RΑ 04/24/2008