

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90036 038 \*\*\*\*61.25

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<b>DOCUMENT # N29844</b> 1. Entity Name <b>PEBBLE EAST TOWNHOMES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>26366 NADIR ROAD P.O. BOX 596 PUNTA GORDA, FL 33983</b>			Mailing Address <b>C/O STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR ROAD, SUITE #2 PUNTA GORDA, FL 33950 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008    Chg-NP    CR2E037 (1/7/06)	
Zip		Country		4. FEI Number <b>65-0095260</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>WISHARD, KRISTINE</del> <del>23081 HARBORVIEW RD.</del> <del>PORT CHARLOTTE, FL 33980</del>  <b>LISA Anderson</b> <b>Star Management</b> <b>6025 Taylor Rd</b> <b>Punta Gorda FL 33950</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating)      DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOENHER, RALPH		NAME	Edward Perry	
STREET ADDRESS	PO BOX 380758		STREET ADDRESS	26386 NADIR Rd. # 406	
CITY-ST-ZIP	MURDOCK, FL 33938		CITY-ST-ZIP	Punta Gorda FL 33983	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Eva Woodson Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STUREK, BILL		NAME	26376 NADIR Rd # 307	
STREET ADDRESS	P.O. BOX 380758		STREET ADDRESS	Punta Gorda FL 33983	
CITY-ST-ZIP	MURDOCK, FL 33938		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILMAN, PAULA M		NAME		
STREET ADDRESS	PO BOX 380758		STREET ADDRESS		
CITY-ST-ZIP	MURDOCK, FL 33938		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, ROBERT		NAME		
STREET ADDRESS	26366 NADIR RD., 203		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATTS, ELIZABETH		NAME		
STREET ADDRESS	P.O. BOX 380758		STREET ADDRESS		
CITY-ST-ZIP	MURDOCK, FL 33938		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Dorothy Poplawski		NAME		
STREET ADDRESS	26366 Nadir Rd # 208 Director		STREET ADDRESS		
CITY-ST-ZIP	Punta Gorda FL 33983		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>			Date: <b>1-14-08</b> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					