
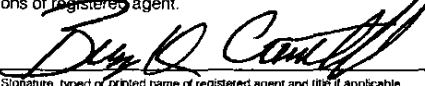
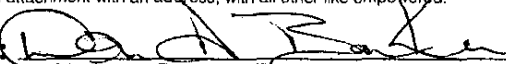


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90576 004 ****61.25

DOCUMENT # N96000000693 1. Entity Name PEBBLE RIDGE HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 9889-1 SAN JOSE BLVD. JACKSONVILLE, FL 32257		Mailing Address 9889-1 SAN JOSE BLVD JACKSONVILLE, FL 32257	
2. Principal Place of Business Suite, Apt. #, etc. 4003 Hartley Road City & State Jacksonville, FL Zip 32257		3. Mailing Address Suite, Apt. #, etc. 4003 Hartley Road City & State Jacksonville, FL Zip 32257	
4. FEI Number 59-3372245		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTRELL, BRYAN SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARTLEY ROAD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4/19/04 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HATCHER, SUSAN 1122 PEBBLE RIDGE DRIVE JACKSONVILLE, FL 32220	<input checked="" type="checkbox"/> Delete	PD DORI BARKER 10045 PEBBLE RIDGE DRIVE JACKSONVILLE, FL 32220
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VPD RUNDELL, BECKY 10071 PEBBLE RIDGE DRIVE JACKSONVILLE, FL 32220	<input type="checkbox"/> Delete	VPD NANCY SMITH 1018 PEBBLE RIDGE DRIVE JACKSONVILLE, FL 32220
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	STD GLENN, KAREN 1060 PEBBLE RIDGE DRIVE JACKSONVILLE, FL 32220	<input type="checkbox"/> Delete	STD BETSY HARRIS 10066 PLANK LANE JACKSONVILLE, FL 32220
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/1/04 Daytime Phone # 904-545-4354	