## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008549

Entity Name: PEBBLEBROOKE ESTATES HOMEOWNERS ASSOCIATION,

INC.

**Current Principal Place of Business:** 

4110 S. FLORIDA AVE; SUITE 200

LAKELAND, FL 33813

**Current Mailing Address:** 

4110 S. FLORIDA AVE; SUITE 200 LAKELAND, FL 33813 US

FEI Number: 20-3598358

Certificate of Status Desired: No

**FILED** Jan 03, 2024

**Secretary of State** 

0822086565CC

Name and Address of Current Registered Agent:

HIGHLAND COMMUNITY MANAGEMENT, LLC 4110 S. FLORIDA AVE; SUITE 200 LAKELAND, FL 33813 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **TREASURER** Title VΡ

Name MCCARTHY, AMY Name HARRIS, MONICA

Address 4110 S. FLORIDA AVE; SUITE 200 Address 4110 S. FLORIDA AVE; SUITE 200

City-State-Zip: LAKELAND FL 33813 City-State-Zip: LAKELAND FL 33813

Title **DIRECTOR** Title **PRESIDENT** Name SCHROEDER, BILL Name RIDDELL, MARI

Address 4110 S. FLORIDA AVE; SUITE 200 Address 4110 S. FLORIDA AVE; SUITE 200

City-State-Zip: LAKELAND FL 33813 City-State-Zip: LAKELAND FL 33813

Title **SECRETARY** Name PARKER, MEGAN

4110 S. FLORIDA AVE; SUITE 200 Address

City-State-Zip: LAKELAND FL 33813

SIGNATURE: BILL SCHROEDER

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/03/2024