

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
 REPORT DUE ON OR BEFORE APRIL 15TH OF 1996 WILL REMAIN ANNUAL DUE TO DISSOLUTION.

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra L. Norther
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 725604 (3)

1. Corporation Name
PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
 15307 AMBERLY DRIVE SUITE 200 TAMPA FL 33647
 15307 AMBERLY DRIVE SUITE 200 TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/20/1973	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1654230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has elected to determine tax under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 19651 BRUCE B. DOWNS BLVD Suite, Apt. # etc.	26. 19651 BRUCE B. DOWNS BLVD Suite, Apt. # etc.
22. SUITE D3-147 City & State	27. SUITE D3-147 City & State
23. TAMPA FLORIDA City, State	28. TAMPA FLORIDA City, State
24. 33647 Zip	29. 33647 Zip
25. USA Country	30. USA Country

9. Name and Address of Current Registered Agent
TANKEL, ROBERT L.
 1150 CLEVELAND ST., SUITE 420
 CLEARWATER FL 34615-3933

10. Name and Address of New Registered Agent
 81. Name **HERBERT FISS**
 82. Street Address (P.O. Box Number is Not Acceptable)
16003 TAMPA PALMS BLVD WEST
 83.
 84. City **TAMPA** FL 85. Zip Code **33647**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Herbert Fiss* 6/26/95
 (Signature of Current Registered Agent and the Corporation)
 (Signature of Agent Signature Required when necessary)

12. OFFICERS AND DIRECTORS	
TITLE: PD	NAME: BENTLEY, LOUIS, C STREET ADDRESS: 9106 CYPRESSWOOD CIRCLE CITY, ST, ZIP: TAMPA FL 33647
TITLE: TD	NAME: RUPINSKI, RAYMOND J. STREET ADDRESS: 9105 CYPRESSWOOD CIRCLE CITY, ST, ZIP: TAMPA FL 33647
TITLE: SD	NAME: CHMURA, STANLEY STREET ADDRESS: 18316 STURBRIDGE CT CITY, ST, ZIP: TAMPA FL
TITLE: D	NAME: SEYMOUR, JACK STREET ADDRESS: 9111 CYPRESSWOOD CIRCLE CITY, ST, ZIP: TAMPA FL 33647
TITLE: VD	NAME: SMITH, MARY LOU, STREET ADDRESS: 9220 CYPRESSWOOD CIR CITY, ST, ZIP: TAMPA FL 33647
TITLE: D	NAME: SARRATORE, THOMAS STREET ADDRESS: 9235 PEBBLE CREEK DR CITY, ST, ZIP: TAMPA FL

13. ADDITIONAL CHAIRMAN, PRESIDENT, AND DIRECTORS	
11. TITLE: PRESIDENT	12. NAME: WITZELL OTTO WY 13. STREET ADDRESS: 9306 PEBBLE CREEK DRIVE 14. CITY, ST, ZIP: TAMPA FL 33647
21. TITLE: TREASURER	22. NAME: BUTLER LEE 23. STREET ADDRESS: 18701 MASTERS CT 24. CITY, ST, ZIP: TAMPA FL 33647
31. TITLE: SECRETARY	32. NAME: CHMURA FRAN 33. STREET ADDRESS: 18316 STURBRIDGE CT 34. CITY, ST, ZIP: TAMPA FL 33647
41. TITLE:	42. NAME:
43. STREET ADDRESS:	44. CITY, ST, ZIP:
51. TITLE: DIRECTOR	52. NAME: SEYMOUR MILICENT 53. STREET ADDRESS: 9111 CYPRESSWOOD CIRCLE 54. CITY, ST, ZIP: TAMPA FL 33647
61. TITLE: DIRECTOR	62. NAME: WALTER RODNEY 63. STREET ADDRESS: 9304 PEBBLE CREEK DRIVE 64. CITY, ST, ZIP: TAMPA FL 33647

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 610.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Otto W. Witzell* OTTO W. WITZELL
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

6/24/95 813-973-1846

CR2E037 (3/95)