

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725604** (3)
1. Corporation Name
PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 19651 BRUCE B DOWNS BLVD SUITE D3-147 TAMPA FL 33647 US	Mailing Address 19651 BRUCE B DOWNS BLVD SUITE D3-147 TAMPA FL 33647 US
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3. Date Incorporated or Qualified 02/20/1973
4. FEI Number 59-1654230
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BRUDNY, MICHAEL J. 4830 W KENNEDY BLVD, #750 TAMPA FL 33609	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TREASURER <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVINS, DONALD F.	1.2 NAME	
STREET ADDRESS	9305 PEBBLE CREEK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLON, PAUL J.	2.2 NAME	FOUNTAIN, DAVID A
STREET ADDRESS	9118 PEBBLE CREEK DRIVE	2.3 STREET ADDRESS	9116 PEBBLE CREEK DRIVE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEHMAN, PATRICK J.	3.2 NAME	KAISER, ROGER
STREET ADDRESS	9113 CYPRESSWOOD CIRCLE	3.3 STREET ADDRESS	18501 PUTTERS PLACE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWE, ROBERT A.	4.2 NAME	SEYMOUR, MILLICENT
STREET ADDRESS	9234 PEBBLE CREEK DRIVE	4.3 STREET ADDRESS	9111 CYPRESSWOOD CIRCLE
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYDEN, DAVID	5.2 NAME	WILKINS, CLACK
STREET ADDRESS	9107 CYPRESSWOOD CIRCLE	5.3 STREET ADDRESS	18504 PUTTERS PLACE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, JEAN	6.2 NAME	NAYERI, ALIREZA D.
STREET ADDRESS	9007 PEBBLE CREEK DRIVE	6.3 STREET ADDRESS	9221 PEBBLE CREEK DRIVE
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA, FL 33647

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(l), 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: Donald F. Nevins **EDONALD F. NEVINS TREAS. 3/9/98 813-98-1733**

CP2E037 (10/97)