

FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

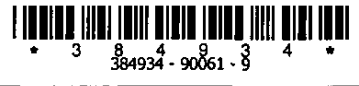
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725604

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/20/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1654230
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BRUDNY, MICHAEL J. 4830 W KENNEDY BLVD, #750 TAMPA FL 33609				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVINS, DONALD F.	1.2 NAME	NAYER, ALIZERA D
STREET ADDRESS	9305 PEBBLE CREEK DRIVE	1.3 STREET ADDRESS	18507 PUTTERS PLACE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOUNTAIN, DAVID A	2.2 NAME	NERICH, JACK
STREET ADDRESS	9116 PEBBLE CREEK DRIVE	2.3 STREET ADDRESS	18704 MASTERS COURT
CITY-ST-ZIP	TAMPA FL 33647	2.4 CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAISER, ROGER	3.2 NAME	MESSER, RANDY
STREET ADDRESS	18501 PUTTERS PLACE	3.3 STREET ADDRESS	9209 PEBBLE CREEK DRIVE
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLICENT, SEYMOUR	4.2 NAME	
STREET ADDRESS	9111 CYPRESSWOOD CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, JACK	5.2 NAME	
STREET ADDRESS	18504 PUTTERS PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYER, ALIZERA D	6.2 NAME	
STREET ADDRESS	9221 PEBBLE BEACH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	6.4 CITY-ST-ZIP	

14. 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 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 its 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, with all other like empowered.

SIGNATURE: David Fountain DAVID FOUNTAIN 4/13/99 813-903-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)