

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90007 017 ****61.25

DOCUMENT # 725604

1. Entity Name

PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, IN

Pebble Creek Village
 Homeowners Assn.
 18715 Bent Tree Lane
 Tampa, FL 33647

Mailing Address
18715 BENT TREE LANE
~~10661 BRUCE B DOWNS BLVD~~
~~SUITE 89-147~~
 TAMPA FL 33647-2445
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1654230

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUDNY, MICHAEL J.
4830 W KENNEDY BLVD, #750
TAMPA FL 33609

Name: **Nancy J. Bastian**
 Street Address (P.O. Box Number is Not Acceptable):
9416 Pebble Glen Avenue
 City: **Tampa** FL Zip Code: **33647**

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.

SIGNATURE

Nancy Bastian

1-28-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: **NERICH, JACK**
 STREET ADDRESS: **18704 MASTERS COURT**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: Change Addition
 NAME: **SECRETARY**
MINDY SINGER
 STREET ADDRESS: **9015 PEBBLE CREEK DRIVE**
 CITY-ST-ZIP: **TAMPA FL 33647**

TITLE: Delete
 NAME: **DIRECTOR**
FOUNTAIN, DAVID A
 STREET ADDRESS: **9116 PEBBLE CREEK DRIVE**
 CITY-ST-ZIP: **TAMPA FL 33647**

TITLE: Change Addition
 NAME: **VICE PRESIDENT**
C.M. RAINEY
 STREET ADDRESS: **9230 PEBBLE CREEK DRIVE**
 CITY-ST-ZIP: **TAMPA FL 33647**

TITLE: Delete
 NAME: **V. PRESIDENT**
KAISER, ROGER
 STREET ADDRESS: **18501 PUTTERS PLACE**
 CITY-ST-ZIP: **TAMPA FL 33647**

TITLE: Change Addition
 NAME: **DIRECTOR**
JACK WALKINS
 STREET ADDRESS: **18505 PUTTERS PLACE**
 CITY-ST-ZIP: **TAMPA, FL 33647**

TITLE: Delete
 NAME: **Treasurer**
MILLICENT, SEYMOUR
 STREET ADDRESS: **9111 CYPRESSWOOD CIRCLE**
 CITY-ST-ZIP: **TAMPA FL 33647**

TITLE: Change Addition
 NAME: **DIRECTOR**
TONY COLLINGS
 STREET ADDRESS: **9313 PEBBLE CREEK DRIVE**
 CITY-ST-ZIP: **TAMPA FL 33647**

TITLE: Delete
 NAME: **D**
MESSER, RANDY
 STREET ADDRESS: **9209 PEBBLE CREEK DRIVE**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME: **T**
NAYER, ALIZERA D
 STREET ADDRESS: **18507 PUTTERS PLACE**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: Change 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:

[Signature]
SIGNATURE REQUIRED

1-26-2000 899 4021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #