

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Apr 21, 2002 8:00 am
Secretary of State

02-27-2002 90069 048 ****61.25

DOCUMENT # 725604

1. Entity Name

PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

18715 BENT TREE LANE
 TAMPA FL 33647
 US

18715 BENT TREE LN
 TAMPA FL 33647
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1654230**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BASTIAN, NANCY J~~
9416 PEBBLE GLEN AVE
TAMPA FL 33647

Name **NANCY OLSEN**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

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 **S**
 NAME **DRAKE, JOYCE**
 STREET ADDRESS **9210 PEBBLE CREEK DRIVE**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **S/ Secretary**
 NAME **no change**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **D/ Brian Greenbaum**
 NAME **President**
 STREET ADDRESS **9237 Pebble Creek Dr**
 CITY-ST-ZIP **Tampa, Fl. 33647**

TITLE **P**
 NAME **KAISER, ROGER**
 STREET ADDRESS **18501 PUTTERS PLACE**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D/ Vice President**
 NAME **Carrie Culbertson**
 STREET ADDRESS **9024 Argona Bend**
 CITY-ST-ZIP **Tampa, Fl. 33647**

TITLE **I**
 NAME **CAVALIERE, CHERYL**
 STREET ADDRESS **9124 PEBBLE CREEK DRIVE**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D/ Secretary**
 NAME **John Felber**
 STREET ADDRESS **11880 Tournament Trail**
 CITY-ST-ZIP **Tampa, Fl. 33647**

TITLE **D**
 NAME **COLLINS, TONY**
 STREET ADDRESS **9313 PEBBLE CREEK DR**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D/ Director**
 NAME **Rob Houghton**
 STREET ADDRESS **9313 Pebble Creek Dr**
 CITY-ST-ZIP **Tampa, Fl. 33647**

TITLE **VP**
 NAME **COLLINGS, TONY**
 STREET ADDRESS **9313 PEBBLE CREEK DRIVE**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02
 Date

Daytime Phone #

CR2E037 (9/01)