

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90007 009 \*\*\*\*61.25

**DOCUMENT # 725604**

1. Entity Name

**PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

18715 BENT TREE LANE  
TAMPA FL 33647  
US

Mailing Address

15910 EAGLE RIVER WAY  
TAMPA FL 33624  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-1654230

Applied For

Not Applicable

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

SMITH, THOMAS R EA  
15910 EAGLE RIVER WAY  
TAMPA FL 33624

Name

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE PD ☐ Delete  
NAME GREENBAUM, BRIAN  
STREET ADDRESS 9237 PEBBLE CREEK  
CITY-ST-ZIP TAMPA FL 33647

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

TITLE VD ☒ Delete  
NAME CULBERTSON, CARRIE  
STREET ADDRESS 9024 HOGANS BEND  
CITY-ST-ZIP TAMPA FL 33647

TITLE VD ☐ Change ☒ Addition  
NAME KRUZA, VANCE  
STREET ADDRESS 18510 PUTTERS PLACE  
CITY-ST-ZIP TAMPA, FL 33647

TITLE TD ☐ Delete  
NAME FELBER, JOHN  
STREET ADDRESS 18820 TOURNAMENT TRAIL  
CITY-ST-ZIP TAMPA FL 33647

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

TITLE D ☒ Delete  
NAME HOUGHTON, ROB  
STREET ADDRESS 9218 PEBBLE CREEK DR  
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☐ Change ☒ Addition  
NAME BETTY ANN HOUGHTON  
STREET ADDRESS 9218 PEBBLE CREEK DR  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME ROMERO, ROBERT  
STREET ADDRESS 9035 HOGANS BEND  
CITY-ST-ZIP TAMPA, FL 33647

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:** John B. Felber John B. Felber 2/17/04 813-907-5928  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #