

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90085 043 ****61.25



DOCUMENT # 725604
 1. Entity Name
PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
 18715 BENT TREE LANE 15910 EAGLE RIVER WAY
 TAMPA FL 33647 TAMPA FL 33624
 US US

30041608



1st MOORE CR2E037 (10/04)

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 Applied For
59-1654230 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SMITH, THOMAS R EA
15910 EAGLE RIVER WAY
TAMPA FL 33624

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAKE, JOYCE <input checked="" type="checkbox"/> Delete 9210 PEBBLE CREEK DRIVE TAMPA FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBAUM, BRIAN <input type="checkbox"/> Delete 9237 PEBBLE CREEK TAMPA FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRUSA, VANCE <input type="checkbox"/> Delete 18510 PUTTERS PLACE TAMPA FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELBER, JOHN <input type="checkbox"/> Delete 18820 TOURNAMENT TRAIL TAMPA FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGHTON, BETTY ANN <input checked="" type="checkbox"/> Delete 9218 PEBBLE CREEK DR TAMPA FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERA, ROBERT <input checked="" type="checkbox"/> Delete 9035 HOGANS BEND TAMPA FL 33647

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAROL ERICKSON 9003 PEBBLE CREEK DR TAMPA, FL 33647-0117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT MARSH 9229 PEBBLE CREEK DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 2/28/05 813-907-5928
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #