

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90243 021 ****61.25



DOCUMENT # 725604				1. Entity Name	
PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
18715 BENT TREE LANE TAMPA FL 33647 US		15910 EAGLE RIVER WAY TAMPA FL 33624 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		6393597			
City & State		City & State			
Zip		Country		4. FEI Number	
				59-1654230	
5. Certificate of Status Desired		<input type="checkbox"/>		\$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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, CAROL		NAME	MILLICENT SEYMOUR	
STREET ADDRESS	9003 PEBBLE CREEK DR		STREET ADDRESS	9111 CYPRESSWOOD CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647-0117		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBAUM, BRIAN		NAME	ROGER KAISER	
STREET ADDRESS	9237 PEBBLE CREEK		STREET ADDRESS	18501 PUTTERS PLACE	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSA, VANCE		NAME	RICKI DRAKE	
STREET ADDRESS	18510 PUTTERS PLACE		STREET ADDRESS	9210 PEBBLE CREEK DR	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELBER, JOHN		NAME	BETTY ANNE HOLSTON	
STREET ADDRESS	18820 TOURNAMENT TRAIL		STREET ADDRESS	9218 PEBBLE CREEK DR.	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, ROBERT		NAME		
STREET ADDRESS	9229 PEBBLE CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RICK ROBERTS	
STREET ADDRESS			STREET ADDRESS	18505 PUTTERS PLACE	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33647	



Duration: 1:07 Pages: 2 Result: OK
 1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Robert E. Marsh* ROBERT E. MARSH, TRUSTEE 5/1/06 813-973-0212