## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#725604**

Apr 30, 2008 Secretary of State

Entity Name: PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

18715 BENT TREE LANE TAMPA, FL 33647

**Current Mailing Address: New Mailing Address:** 

19046 BRUCE B. DOWNS BLVD. PMB 231 TAMPA, FL 33647 US

FEI Number: 59-1654230 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARSH, ROBERT E 9229 PEBBLE CREEK DRIVE TAMPA, FL 33647

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS:** 

(X) Change ( ) Addition () Delete KAISER, ROGER HOUGHTON, BETTY ANNE Name: Name: 18501 PUTTERS PLACE Address: 9218 PEBBLE CREEK DRIVE Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: (X) Change ( ) Addition HOUGHTON, BETTY Name: HAYES, RALPH Name:

Address: 9218 PEBBLE CREEK DRIVE Address: 18303 AINTREE COURT City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: TD (X) Change ( ) Addition ROBERTS, RICK BINA, JOSEPH Name: Name:

18505 PUTTERS PLACE 9231 PEBBLE CREEK DRIVE Address: Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete Title: SD (X) Change ( ) Addition Name: DRAKE, RICKY Name: VICKERS, ERIN

9210 PEBBLE CREEK DRIVE 18306 PUTTERS PLACE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: (X) Change ( ) Addition

BENGAR, DEBORAH CHMURA, STAN Name: Name:

9120 REGENTS PARK DRIVE 18316 STURBRIDGE COURT Address: Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: ( ) Change (X) Addition BRODARICK, MARION Name: Name:

Address: Address: 9215 CYPRESSWOOD CIRCLE TAMPA, FL 33647 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY ANNE HOUGHTON **PRES** 04/30/2008

Electronic Signature of Signing Officer or Director

Date