FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 727032

(5)

PEBBLE CREEK VILLAGE CONDOMINIUM ASSOCIATION, IN

FILED Mar 14 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			
9049 PEBBLE CREEK DR TAMPA FL 33647		9049 PEBBLE CREEK DR TAMPA FL 33647-2417			
				3. Date Incorporated or Qualified 07/25/1973	3a. Date of Last Report 02/16/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1738523	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22] City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 25 Name and Address of Curren	1 Posistered Agent	30		Yes No
	y, Name and Address of Curren	t negistered Agent	81 Name	10. Name and Address of New Re	<u> </u>
WEEKS,	VATUV L			WALT HOFFMA	
	BBLE CREEK DRIVE		82 Street At	odress (P.O. Box Number is Not Acceptal	DRIVE
	FL 33647 .		83	1 TEDDEC ON S	
**********			84 City		les Zin Code
			84 City	TAMPA	FL 85 Zip Code 47
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statu	tes, the above-named c	orporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 617.0503, F	authorized by the corbo lorida \$tat∪tes.	oralion's board of directors, I hereby acce	
SIGNATURE	WHIT HOFFMAN	TRAS.	1/21/10	4 man	2-20-97
4	Signature, typod or printed name of registered age		TE: Registered Agent signature e	hire) when reinstaling)	DATE.
19. Tifle	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFI	[7.6]
NAME	MUELLER, BRAD	AT DECEME	1.2 NAME	WHIT HOFFMAN 9029 PEBBLE CRE	ria purado 🗀 vocuron
STREET ADDRESS	9009 PEBBLE CREEK DR.		1.3 STREET ADDRESS	9029 PEBBLE CRE	EK DRIVE
CITY-\$1-ZIP	TAMPA FL 33647		1.4 CITY-ST-7IP	TAMPA FL	33647
TITLE	TD	DELETE	4177.5		Change Addition
NAME	WEEKS, KATHY	•	2.2 NAME	SEC PATSY ZOLNER	-
STREET ADDRESS	9011 PEBBLE CREEK DR.		2.3 STREET ADDRESS	D 9021 PEBBLE C	REEK PRIVE
CITY-ST-ZIP	TAMPA FL 33647		2. 4 CITY - S1- ZIP	TAMPA FL	33647
TITLE	PD	DELETE	3.1 TITLE		Change Addition
NAME	KING, CATHY		3 2 NAME	D KATHY KING	0
STREET ADDRESS	9039 PEBBLE CREEK DR.		3.3 STREET ADDRESS		CREEK DRIVE
CITY-ST-ZIP	TAMPA FL		3.4. CITY-\$1-ZIP	TAMPA FL	33647
TITLE		☐ DELETE	4.1 TITLE	• • • •	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CITY - ST - ZIP		7 oc 7 x
TITLE		L☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
CITY-ST-ZIP		I I DECETE	0.1 (1)120		LI Change LI Addition
TITLE	1	23 ******	C O NIANAG		
TITLE NAME			6.2 NAME		
TITLE		20 22 22	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

information Indicated on this annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICMATURE.

It At Man

2/20/97

CH2E037 (9/96)