## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998

Suite, Apt. #, etc.

City & State

22

23 Zip

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 727032

Cot

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(5)

## PEBBLE CREEK VILLAGE CONDOMINIUM ASSOCIATION, IN

Principal Place of Business Mailing Address 9049 PEBBLE CREEK DR 9049 PEBBLE CREEK DR TAMPA FL 33647 TAMPA FL 33647 2. Principal Place of Business

			4. I Li Manipet	Applied For
_			59-1738523	Not Applica
	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
			7. Is this nonprofit corporation a homeowners association?	
intry	Zip	Country 30	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes \[ \] No

9. Name and Address of Current Registered Agent WALT HOFFMAN 9029 PEBBLE CREEK DR TAMPA FL 33647

	7 eraphan rioperty r	ax due odile oo.	[ <u></u> 103	
T.	10. Name and Address	of New Registere	d Agent	
81	Name			
82	Street Address (P.O. Box Number is N	lot Acceptable)		
83		-		
84	City		85	Zip Code

3. Date Incorporated or Qualified

07/25/1973

**FILED** 

Feb 06 1998 8:00am

Secretary of State

Applied For Not Applicable

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition WALT HOFFMAN NAME 1.2 NAME 9029 PEBBLE CREEK DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 50 PEBBLE CREEK DRIVE PATSY ZOLNER 2.2 NAME CYNTHIA NAME 9041 9021 PEBLE CREEK DR STREET ADDRESS 2.3 STREET ADDRESS 33647 TAMPA FL THMPA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.7 TITLE Change KING, CATHY NAME 3.2 NAME 9039 PEBBLE CREEK DR. STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ACCURESS

14. 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 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 trustee 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.

6.4 CITY-ST-ZIP

SIGNATURE: