

**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

03-31-2004 90013.037 ****61.25
FILE 727032

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4406009



DOCUMENT # 727032			
1. Entity Name PEBBLE CREEK VILLAGE CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 9049 PEBBLE CREEK DR TAMPA, FL 33647	
Mailing Address 9049 PEBBLE CREEK DR TAMPA, FL 33647		2. Principal Place of Business 15009 N. FLORIDA AVE	
3. Mailing Address 15009 N. FLORIDA AVE		Suite, Apt. #, etc. PMB 241	
City & State TAMPA FLORIDA		City & State TAMPA FLORIDA	
Zip 33613		Country US	
4. FEI Number 59-1738523		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ALLIANCE MANAGEMENT CORP. 13309 WINDING OAK CT, SUITE B TAMPA, FL 33613		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 <i>Raymond J. Chan Prop. Mngr</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 3/19/04	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, DIANE 9041 PEBBLE CREEK DR. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILMORE, RICHARD 9019 PEBBLE CREEK DR. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERICSON, CAROL 9003 PEBBLE CREEK DR. TAMPA, FL 33647 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Raymond J. Chan</i> SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		DATE 3/19/04 DATE	
Daytime Phone #			