

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90045 042 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

50030443



DOCUMENT # 727032			
1. Entity Name PEBBLE CREEK VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 15009 N FLORIDA AVE PMB 241 TAMPA, FL 33613		Mailing Address 15009 N FLORIDA AVE PMB 241 TAMPA, FL 33613	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 9049 Pebble Creek Dr.		Suite, Apt. #, etc. 9049 Pebble Creek Dr.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33647		Zip 33647	
Country USA		Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CONDOMINIUM ALLIANCE MANAGEMENT CORP. 13309 WINDING OAK CT, SUITE B TAMPA, FL 33613		Name Cindi Shockley	
		Street Address (P.O. Box Number is Not Acceptable) 9049 Pebble Creek Dr.	
		City Tampa	
		State FL	
		Zip Code 33647	
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 Cindi Shockley		DATE 3-22-05	
Filing Fee is \$61.25 Due by May 1, 2005		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 SD <input checked="" type="checkbox"/> Delete	NAME JONES, DIANE	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Cindi Shockley
STREET ADDRESS 9041 PEBBLE CREEK DR.	CITY-ST-ZIP TAMPA, FL 33647	STREET ADDRESS 9005 Pebble Creek Dr.	CITY-ST-ZIP Tampa, FL 33647
TITLE PD <input checked="" type="checkbox"/> Delete	NAME GILMORE, RICHARD	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Tom Michaud
STREET ADDRESS 9019 PEBBLE CREEK DR.	CITY-ST-ZIP TAMPA, FL 33647	STREET ADDRESS 9045 Pebble Creek Dr.	CITY-ST-ZIP Tampa, FL 33647
TITLE T <input checked="" type="checkbox"/> Delete	NAME ERICSON, CAROL	TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Walt Hoffman
STREET ADDRESS 9003 PEBBLE CREEK DR.	CITY-ST-ZIP TAMPA, FL 33647	STREET ADDRESS 9029 Pebble Creek Dr.	CITY-ST-ZIP Tampa, FL 33647
TITLE <input type="checkbox"/> Delete	NAME	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Nancy Dilley
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 9033 Pebble Creek Dr.	CITY-ST-ZIP Tampa, FL 33647
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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: Cindi Shockley		DATE: 3-22-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone # 813-334-8114</small>	