


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

06 OCT 17 PM 1:49

| | | | | | |
|--|--|--|--|--|--|
| 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 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 SHOCKLEY, CINDI 9049 PEBBLE CREEK DR TAMPA, FL 33647 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; margin-right: 20px;"> FL Zip Code </div> | | |
| 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 <u>Cindi Shockley</u> | | (NOTE: Registered Agent signature required when reinstating) | | DATE <u>10-9-06</u> | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | 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 | P SHOCKLEY, CINDI 9005 PEBBLE CREEK DR TAMPA, FL 33647 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900080922659 10/17/06--01040--016 **\$61.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MICHAUD, TOM 9045 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 HOFFMAN, WALT 9029 PEBBLE CREEK DR TAMPA, FL 33647 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Hoffman, E. Newelene 9029 Pebble Creek Dr Tampa, Florida 33647 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DILLEY, NANCY 9033 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 | |
| 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 exemptions contained 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 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: <u>Cindi Shockley</u> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>10-9-06</u> | |
| | | | | Daytime Phone # <u>813.334.8114</u> | |

REINSTATEMENT 11/05