

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90041 001 \*\*\*\*61.25



**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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip

City & State  
 Zip

Country

Country

60006750

01082007 Chg-NP CR2E037 (12/06)

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHOCKLEY, CINDI	
STREET ADDRESS	9005 PEBBLE CREEK DR	
CITY - ST - ZIP	TAMPA, FL 33647	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MICHAUD, TOM	
STREET ADDRESS	9045 PEBBLE CREEK DR	
CITY - ST - ZIP	TAMPA, FL 33647	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOFFMAN, E. NEWELENE	
STREET ADDRESS	9029 PEBBLE CREEK DR	
CITY - ST - ZIP	TAMPA, FL 33647	
TITLE	S	<input type="checkbox"/> Delete
NAME	DILLEY, NANCY	
STREET ADDRESS	9033 PEBBLE CREEK DR	
CITY - ST - ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME	Nelson, Rose	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacobs-Dilley, Nancy	
STREET ADDRESS	9033 Pebble Creek Dr.	
CITY - ST - ZIP	Tampa, FL 33647	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President Nelson, Rose	
STREET ADDRESS	9031 Pebble Creek Dr.	
CITY - ST - ZIP	Tampa, Florida 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:** Cindi Shockley Cindi Shockley 1-18-07 813-334-8114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #