

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE

DOCUMENT # 761671 (7)

1. Corporation Name

PEBBLE CREEK HOMEOWNERS ASSOCIATION, INC.

PEBBLE CREEK HOMEOWNERS ASSOCIATION, INC.  
NOTIFY SENDER OF NEW ADDRESS  
PEBBLE CREEK HOMEOWNERS ASSOCIATION, INC.  
4273 RIVER CHASE  
TALLAHASSEE FL 32308-2718

Principal Place of Business

Mailing Address

4089 TAM O SHANTER  
TALLAHASSEE FL 32308 - 2718  
US

P. O. BOX 32654  
TALLAHASSEE FL 32317  
US

3. Date Incorporated or Qualified

02/01/1982

3a. Date of Last Report

02/25/1994

4. FBI Number

59-2293766

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 4273 Riverchase

26 4273 River Chase

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

28 Tallahassee, FL

24 Zip

25 Country

29 Zip

30 32308-2718

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLICK, HARRY  
4089 TAM O SHANTER  
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	BOYLE, HELEN
STREET ADDRESS	4105 TAM O SHANTER
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	WEDEWER, MARABETH
STREET ADDRESS	3332 PIPING ROCK
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	REID, MOON
STREET ADDRESS	3431 JONATHAN'S LANDING
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	TD
NAME	POWELL, MINA J
STREET ADDRESS	3415 JONATHAN'S LANDING
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DS
NAME	STOCKBRIDGE, DOUG
STREET ADDRESS	3323 PIPING ROCK
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D
NAME	MCCARTHY, JACK
STREET ADDRESS	3452 JONATHAN'S LANDING
CITY-ST-ZIP	TALLAHASSEE FL

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Long, Jeffrey	
1.3 STREET ADDRESS	3320 Piping Rock	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ray Grogan, Faye	
2.3 STREET ADDRESS	3447 Jonathan's Landing	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fetko, George	
6.3 STREET ADDRESS	4209 River Chase	
6.4 CITY-ST-ZIP	Tallahassee, FL 32308	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mina Jo Powell*

Mina Jo Powell  
3415 Jonathan's Landing  
Tallahassee FL 32308-2712

3-7-95

904-873 2052

(Date) (Signature) (Phone #)