

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 761671 (7)  
1. Corporation Name

PEBBLE CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 4273 RIVER CHASE TALLAHASSEE FL 32308 US  
Mailing Address: 4273 RIVER CHASE TALLAHASSEE FL 32308 US

3. Date Incorporated or Qualified: 02/01/1982  
3a. Date of Last Report: 03/22/1995  
4. FEI Number: 59-2293766  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
WALICK, HARRY  
4089 TAM O SHANTER  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent  
81 Name: JEAN NASH, E.A.  
82 Street Address (P.O. Box Number is Not Acceptable): 3652 SHAMROCK WEST  
83 City: TALLAHASSEE  
84 City: TALLAHASSEE FL 85 Zip Code: 32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: JEAN NASH (Signature, typed or printed name of registered agent and title if applicable) DATE: 3/15/96 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DS NAME: LONG, JEFFREY STREET ADDRESS: 3320 PIPING ROCK CITY-ST-ZIP: TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: DP 1.2 NAME: GETTIS, LOU 1.3 STREET ADDRESS: 4278 RIVER CHASE 1.4 CITY-ST-ZIP: TALLAHASSEE, FL. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GROGAN, FAYE STREET ADDRESS: 3447 JONATHAN'S LANDING CITY-ST-ZIP: TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: DV 2.2 NAME: KELLEY, MARTIN 2.3 STREET ADDRESS: 3324 PIPING ROCK 2.4 CITY-ST-ZIP: TALLAHASSEE, FL. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: REID, MOON STREET ADDRESS: 3431 JONATHAN'S LANDING CITY-ST-ZIP: TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: DT 3.2 NAME: CALAY, VIC 3.3 STREET ADDRESS: 3347 PIPING ROCK 3.4 CITY-ST-ZIP: TALLAHASSEE, FL. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: POWELL, MINA J STREET ADDRESS: 3415 JONATHAN'S LANDING CITY-ST-ZIP: TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: DS 4.2 NAME: BRILEY, PAXTON 4.3 STREET ADDRESS: 4101 TAM-O-SHANTER 4.4 CITY-ST-ZIP: TALLAHASSEE, FL. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: STOCKBRIDGE, DOUG STREET ADDRESS: 3323 PIPING ROCK CITY-ST-ZIP: TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: DS 5.2 NAME: LONG, JEFF 5.3 STREET ADDRESS: 3320 PIPING ROCK 5.4 CITY-ST-ZIP: TALLAHASSEE, FL. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FETKO, GEORGE STREET ADDRESS: 4209 RIVER CHASE CITY-ST-ZIP: TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: DS 6.2 NAME: EDWARDS, WAYNE 6.3 STREET ADDRESS: 2914 TYRON CIRCLE 6.4 CITY-ST-ZIP: TALLAHASSEE, FL. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: VICTOR N. CALAY (Signature and typed or printed name of signing officer or director) DATE: 4/12/96 DAYTIME PHONE #: 904-668-1733

CR2E037 (12/95)