


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90228 038 \*\*\*\*61.25

0008113

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 761671**

1. Corporation Name  
**PEBBLE CREEK HOMEOWNERS ASSOCIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>4273 RIVER CHASE<br>TALLAHASSEE FL 32308<br>US | Mailing Address<br>4273 RIVER CHASE<br>TALLAHASSEE FL 32308<br>US |
|---|---|



|   |  |   |                                |                               |
|---|--|---|--------------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>02/01/1982                                 | 4. FEI Number<br>59-2293766    | Applied For<br>Not Applicable |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>                       | \$8.75 Additional Fee Required |                               |
|   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees    |                               |

9. Name and Address of Current Registered Agent

**NASH, J**  
**3852 SHAMROCK WEST**  
**TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>BOYLE, W E<br>4105 TAM O SHANTER<br>TALL FL 32308 <input type="checkbox"/> DELETE                  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>ABBOTT, B<br>3448 JONATHANS LANDING<br>TALL FL 32308 <input checked="" type="checkbox"/> DELETE    | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | DV Barry Simmons<br>4104 Tam O'Shanter<br>Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>EDWARDS, C W<br>3441 JONATHANS LANDING<br>TALL FL 23230 <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | DT W.W. YOUNG<br>4280 River Chase<br>Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>FORSYTHE, C<br>4281 RIVER CHASE<br>TALL FL 32308 <input checked="" type="checkbox"/> DELETE        | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | DS Doug Nichols<br>4108 Tam O'Shanter<br>Tallahassee, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILLIAMS, W<br>3444 JONATHANS LANDING<br>TALL FL 32308 <input checked="" type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | D Lewis Carr<br>3423 Jonathan's Landing<br>Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HUTCHINSON, R<br>3412 JONATHANS LANDING<br>TALL FL 32308 <input checked="" type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | D Bernard Abbott<br>3448 Jonathan's Landing<br>Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |

14. 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 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, with all other like empowered.

SIGNATURE: R. W. Young TREAS. 2/15/99 850-894-5504

CR2E037 (1/198)