

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90250 019 \*\*\*\*61.25

**DOCUMENT # 761671**

1. Entity Name

**PEBBLE CREEK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4273 RIVER CHASE  
 TALLAHASSEE FL 32309  
 US

4273 RIVER CHASE  
 TALLAHASSEE FL 32309  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2293766**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NASH, J**  
**3652 SHAMROCK WEST**  
**TALLAHASSEE FL 32308**

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.

SIGNATURE

*J. Nash EA*

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

(NOTE: Registered Agent signature required when reinstating)

*3/2/02*

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WELLS, JIM</b>              |  |
| STREET ADDRESS | <b>3416 JONATHANS LANDING</b>  |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32308</b>    |  |
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HINTON, NANCY C</b>         |  |
| STREET ADDRESS | <b>3421 JONATHANS LANDING</b>  |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32308</b>    |  |
| TITLE          | <b>DT</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>EDWARDS, C.W.</b>           |  |
| STREET ADDRESS | <b>3441 JONATHAN'S LANDING</b> |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32308</b>    |  |
| TITLE          | <b>DS</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GUESS, HARRISON</b>         |  |
| STREET ADDRESS | <b>4093 TAM-O-SHANTER</b>      |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32308</b>    |  |
| TITLE          | <b>DP</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BRAME, CHARLES</b>          |  |
| STREET ADDRESS | <b>3424 JONATHAN'S LANDING</b> |  |
| CITY-ST-ZIP    | <b>TALL FL 32308</b>           |  |
| TITLE          |                                | <input type="checkbox"/> Delete            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>PRES.</b>                   | <input checked="" type="checkbox"/> Addition                                 |
| NAME           | <b>JACK PILLION</b>            |  |
| STREET ADDRESS | <b>4098 TAM O' SHANTER</b>     |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32309</b>    |  |
| TITLE          | <b>VICE PRES.</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MARY KAY WELLS</b>          |  |
| STREET ADDRESS | <b>3416 JONATHAN'S LANDING</b> |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32308</b>    |  |
| TITLE          | <b>TREASURER</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>CAROLE W. LONG</b>          |  |
| STREET ADDRESS | <b>3330 PIPING ROCK</b>        |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32309</b>    |  |
| 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    |                                |  |

12. 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 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:

*Carole W. Long*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

*3/6/02*

*850-893-2293*

DATE

Daytime Phone #

CF2E037 (9/01)