

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90001 027 ****61.25



DOCUMENT # 761671
 1. Entity Name
 PEBBLE CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 4273 RIVER CHASE, TALLAHASSEE FL 32309 US
 Mailing Address: 4273 RIVER CHASE, TALLAHASSEE FL 32309 US



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State

4. FEI Number: 59-2293766
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NASH, J
 3652 SHAMROCK WEST
 TALLAHASSEE FL 32308

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)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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: PD NAME: COLLMAN, JERALD STREET ADDRESS: 3420 JONATHAN'S LANDING CITY-ST-ZIP: TALLAHASSEE FL 32309	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: JONES, DICK STREET ADDRESS: 4283 RIVER CHASE CITY-ST-ZIP: TALLAHASSEE FL 32309	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: LONG, CAROLE W STREET ADDRESS: 3320 PIPING ROCK CITY-ST-ZIP: TALLAHASSEE FL 32309	<input type="checkbox"/> Delete
TITLE: DS NAME: ROBLETO, MICHELLE STREET ADDRESS: 3437 JONATHON'S LANDING CITY-ST-ZIP: TALLAHASSEE FL 32309	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: REID MOON STREET ADDRESS: 3431 JONATHAN'S LANDING CITY-ST-ZIP: TALLAHASSEE FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: LUANNE GOOD STREET ADDRESS: 3308 PIPING ROCK CITY-ST-ZIP: TALLAHASSEE FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 information.

SIGNATURE: Carole W. Long CAROLE W. LONG 8/2/05 850-893-2293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #