

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761671

FILED
Apr 18, 2007
Secretary of State

Entity Name: PEBBLE CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4273 RIVER CHASE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

4273 RIVER CHASE
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-2293766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASH, J
3652 SHAMROCK WEST
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

GOOD, LUANNE G MS.
3308 PIPING ROCK
TALLAHASSEE, FL 32309 US

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: LUANNE K. GOOD 04/18/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD (X) Delete
Name: MOON, REID
Address: 3431 JONATHAN'S LANDING
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: GOOD, LUANNE
Address: 3308 PIPING ROCK
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD (X) Delete
Name: ROBLETO, MICHELLE
Address: 3437 JONATHON'S LANDING
City-St-Zip: TALLAHASSEE, FL 32309

Title: DS () Delete
Name: WELLS, JIM
Address: 3416 JONATHAN'S LANDING, LOT F-5
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: EDWARDS, WAYNE
Address: 3441 JONATHAN'S LANDING
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD () Change (X) Addition
Name: DAVIS, LARRY
Address: 4309 RIVER CHASE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUANNE K. GOOD TD 04/18/2007

Electronic Signature of Signing Officer or Director Date