FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

[illegible] 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769199 (1)

1. Corporation Name

LAKEVIEW VILLAS AT PEBBLE CREEK VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14310 N. DALE MABRY, SUITE 180 TAMPA FL 33618	POST OFFICE BOX 271768 TAMPA FL 33618-1768

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1983
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2327938 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 16105 N. Florida Ave	26 P.O. Box 82277		
Suite, Apt. #, etc. 22 Suite E	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23 LUTZ, Fl	City & State 28 TAMPA, Fl.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip / Country 24 33549 / 25 USA	Zip / Country 29 33682-2277 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PUIGDOMENECH, SUE
18315 AINTREE CT.
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name: Thomas R. Smith
82 Street Address (P.O. Box Number is Not Acceptable): 16105 N. Florida Ave.
83: Suite E
84 City: Lutz FL 85 Zip Code: 33549

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Thomas R. Smith — Thomas R. Smith — 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	PUIGDOMENECH, SUE	12 NAME	Daphne Hughes
STREET ADDRESS	18315 AINTREE CT.	13 STREET ADDRESS	18320 AINTREE CT.
CITY-ST-ZIP	TAMPA FL 33647	14 CITY-ST-ZIP	TAMPA, Fl. 33647
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	SCHEUFLER, ED	22 NAME	Frank Sherwood
STREET ADDRESS	18313 AINTREE CT.	23 STREET ADDRESS	18303 AINTREE CT
CITY-ST-ZIP	TAMPA FL 33647	24 CITY-ST-ZIP	TAMPA, Fl. 33647
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	ANGUS, RICK	32 NAME	Norbert Bowers
STREET ADDRESS	18318 AINTREE CT.	33 STREET ADDRESS	18423 AINTREE CT
CITY-ST-ZIP	TAMPA FL 33647	34 CITY-ST-ZIP	TAMPA, Fl. 33647
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	BRYAN, MARK	42 NAME	Mark Bryan
STREET ADDRESS	[redacted] COURT	43 STREET ADDRESS	18316 AINTREE CT
CITY-ST-ZIP	TAMPA FL 33647	44 CITY-ST-ZIP	TAMPA, Fl. 33647
TITLE	TD	51 TITLE	TD ☒ Change ☐ Addition
NAME	CURTIS, GREG	52 NAME	Orvil Beckley
STREET ADDRESS	18405 AINTREE CT.	53 STREET ADDRESS	18431 AINTREE CT
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	TAMPA, Fl. 33647
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Orvil E Beckley Orvil Beckley 5/1/95 813-265-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058292