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Feb 23, 1999 8:00 am  
Secretary of State

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769199**

1. Corporation Name

**LAKEVIEW VILLAS AT PEBBLE CREEK VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13542 NORTH FLA AVE  
STE 210  
TAMPA FL 33613  
US

P.O. BX 82277  
TAMPA FL 33682-2277  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

07/01/1983

4. FEI Number

59-2327938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, THOMAS R  
13542 NO FLORIDA AVE  
STE 200  
TAMPA FL 33613

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

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 ☒ DELETE  
NAME SPECTOR, MICHAEL  
STREET ADDRESS 18407 AINTREE CT  
CITY-ST-ZIP TAMPA FL 33647

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME AMBRIOLE, ROBERT  
1.3 STREET ADDRESS 18419 AINTREE CT.  
1.4 CITY-ST-ZIP TAMPA, FL 33647

TITLE VD ☒ DELETE  
NAME AMBRIOLE, ROBERT  
STREET ADDRESS 18419 AINTREE CT  
CITY-ST-ZIP TAMPA FL 33647

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME CHILDERS, DIANE  
2.3 STREET ADDRESS 18439 AINTREE CT  
2.4 CITY-ST-ZIP TAMPA, FL 33647

TITLE VD ☒ DELETE  
NAME MACK, BRYAN  
STREET ADDRESS 18316 AINTREE CT  
CITY-ST-ZIP TAMPA FL 33647

3.1 TITLE SD ☐ Change ☒ Addition  
3.2 NAME BRYAN, MARK  
3.3 STREET ADDRESS 18316 AINTREE CT  
3.4 CITY-ST-ZIP TAMPA, FL 33647

TITLE SD ☒ DELETE  
NAME CHILDERS, DIANE  
STREET ADDRESS 18439 AINTREE CT  
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME BERNARD, FREDERICK  
STREET ADDRESS 18309 AINTREE CT  
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Frederick Bernard* / **FREDERICK BERNARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 813 9070518

CR2E037 (11/98)