

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

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90051 001 ****61.25

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1. Entity Name

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

Principal Place of Business

Mailing Address

15910 EAGLE RIVER WAY
 TAMPA FL 33624
 US

15910 EAGLE RIVER WAY
 TAMPA FL 33624
 US

30012601



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2327938

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, THOMAS R
 15910 EAGLE RIVER WAY
 TAMPA FL 33624**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: MGRM Delete
 NAME: MORRIS, ANNE
 STREET ADDRESS: 18317 AINTREE COURT
 CITY-ST-ZIP: TAMPA FL 33647

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: TD Delete
 NAME: BRYAN, R. MARK
 STREET ADDRESS: 18316 AINTREE COURT
 CITY-ST-ZIP: TAMPA FL 33647

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: PD Delete
 NAME: AMBRIOLE, ROBERT
 STREET ADDRESS: 18419 AINTREE COURT
 CITY-ST-ZIP: TAMPA FL 33647

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD Delete
 NAME: CHILDERS, DIANE
 STREET ADDRESS: 18439 AINTREE COURT
 CITY-ST-ZIP: TAMPA FL 33647

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD Delete
 NAME: ANGUS, RICHARD
 STREET ADDRESS: 18318 AINTREE COURT
 CITY-ST-ZIP: TAMPA FL 33647

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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:

Robert B. Ambriole
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-05

Date

813-907-0579

Daytime Phone #