2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 06, 2006 8:00 am **DOCUMENT # 769199 Secretary of State** 1. Entity Name 02-06-2006 90079 005 ****61.25 LAKEVIEW VILLAS AT PEBBLE CREEK VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business 15910 EAGLE RIVER WAY TAMPA FL 33624 15910 EAGLE RIVER WAY **TAMPA FL 33624** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2327938 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, THOMAS R Street Address (P.O. Box Number is Not Acceptable) 15910 EAGLE RIVER WAY TAMPA FL 33624 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. Delete TITLE Addition GEORGE Smith 18413 HINTYEE CT. BRYAN, R. MARK NABAE NAME 18316 AINTREE COURT STREET ADDRESS STREET ADDRESS **TAMPA FL 33647** CITY-ST-ZIP CITY-ST-Z#P TAMPA FL 33647 ☐ Addition ☐ Change TITLE TITLE AMBRIOLE, ROBERT NAME NAME 18419 AINTREE COURT STREET ADDRESS STREET ADDRESS CITY-S1-ZIP TAMPA FL 33647 CITY-ST-7IP SP PD ☐ Deleta_ Change ☐ Addition CHILDERS, DIANE NAME NAME STREET ADDRESS 18439 AINTREE COURT STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP SE T D Delete DITLE TITLE ☐ Change ☐ Addition ANGUS, RICHARD NAME NAME STREET ADDRESS 18318 AINTREE COURT STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP □ Delete □ Delete TITLE TITLE Change ☐ Addition JOSEPH MAGLIATO 18410 HINTYFE CT. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE Richard NElson 18347 Fintres Ct NAME NAME Addition

FILED

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

STREET ADDRESS

STREET ADDRESS

ders 1/27/06 813-248-1991 SIGNATURE: