

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 03, 2009
Secretary of State**

DOCUMENT# N00000004679

Entity Name: PEBBLE CREEK AT DAVIE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

12060 SW 19 COURT
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

12060 SW 19 COURT
DAVIE, FL 33325

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UDELL, MICHAEL B
5745 S UNIVERSITY DR
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHERROD, JOAN ELSBETH
Address: 12060 SW 19 COURT
City-St-Zip: DAVIE, FL 33325

Title: T () Delete
Name: MASSA, SHANNON
Address: 11960 SW 19 COURT
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: CHUNG, SUZANNE
Address: 12020 SW 19 COURT
City-St-Zip: DAVIE, FL 33325

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:

I hereby certify that the information supplied with this filing does not qualify 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: JOAN ELSBETH SHERROD

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date