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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N00785 (8)
1. Corporation Name
PEBBLE CREEK VILLAS OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
3973 NW 28TH LANE 3973 NW 28TH LANE
GAINESVILLE FL 32606-6695 GAINESVILLE FL 32606-6695

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-2414598		02/12/1996	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KARAHALIOS, STATHE 3008 NW 13ST STE E GAINESVILLE FL 32609				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PEVONKA, DIANNE	1.1 TITLE	
NAME	3933 NW 29 LANE	1.2 NAME	
STREET ADDRESS	GAINESVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD SCHOENFELD, DEAN	2.1 TITLE	TD
NAME	3217 NW 18 AVE	2.2 NAME	Dobson, Bob
STREET ADDRESS	GAINESVILLE FL	2.3 STREET ADDRESS	2710 NW 39 Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Gainesville, FL
TITLE	SD DOBSON, BOB	3.1 TITLE	SD
NAME	2710 NW 39 DR	3.2 NAME	Marie Henderson
STREET ADDRESS	GAINESVILLE FL	3.3 STREET ADDRESS	3971 NW 27 Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Gainesville FL
TITLE	TD POPP, RALPH E.	4.1 TITLE	
NAME	3958 NW 27 LANE	4.2 NAME	
STREET ADDRESS	GAINESVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 which an address.

SIGNATURE: *Robert A. Dobson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ Daytime Phone #0010079

CR2E037 (9/96)