

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-29-2004 90351 029 ****61.25

DOCUMENT # N00785 1. Entity Name PEBBLE CREEK VILLAS OWNERS ASSOCIATION, INC.					
Principal Place of Business 3973 NW 28TH LANE GAINESVILLE, FL 32606-6695			Mailing Address 4623 NW 53 AVE GAINESVILLE, FL 32606 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2414598	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KARAHALIOS, STATHE 4623 NW 53 AVE GAINESVILLE, FL 32606				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TJAM, FRANCISCA 3927 N.W. 29 LANE GAINESVILLE, FL 32606			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Francisca Tjam 3927 NW 29 Lane Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, ARMANDO 2828 N.W. 39 TERRACE GAINESVILLE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Irene Newsome 3933 NW 27 Lane Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUNWORTH, JERRY 3943 NORTH WEST 27 LANE GAINESVILLE, FL 32601			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dean Schoenfeld 3217 NW 18 Ave. Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWSOME, IRENE 3933 NW 27 LANE GAINESVILLE, FL 32606			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Charles Mcdonald 3934 NW 29 Lane Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Fox 3956 NW 29 Lane Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Schueller 3936 NW 29 Lane Gainesville, FL 32606
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: <u>Irene M. Newsome</u> <u>May 19, 2004</u> <u>352-335-7624</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66423658



05172004 Chg-NP CR2E037 (10/03)

FL Zip Code