

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90528 042 ****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**

50045908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2414598

Applied For
Not Applicable

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

**NAUTILUS ASSOCIATION MGT LLC
4623 NW 53 AVE
GAINESVILLE, FL 32606**

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

**Filing 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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
TJAM, FRANCISCA
3927 N.W. 29 LANE
GAINESVILLE, FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Francisca Tjam
3927 NW 29 Lane
Gainesville, FL 32606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SCHOENFELD, DEAN
3217 NW 18 AVE
GAINESVILLE, FL 32605 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MCDONALD, CHARLES
3934 NW 29 LANE
GAINESVILLE, FL 32608 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NEWSOME, IRENE
3933 NW 27 LANE
GAINESVILLE, FL 32606 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOX, BEVERLY
3956 NW 29 LANE
GAINESVILLE, FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Beverly Fox
3956 NW 29 Lane
Gainesville, FL 32606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHUELLER, ROBERT
3936 NW 29 LANE
GAINESVILLE, FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Robert Schueller
3936 NW 29 Lane
Gainesville, FL 32606 ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Schueller
04/29/05