


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

07 NOV 26 PM 5:21

<b>DOCUMENT # N00785</b> 1. Entity Name <b>PEBBLE CREEK VILLAS OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business 901 NW 8TH AVE A-6 GAINESVILLE, FL 32601	Mailing Address 901 NW 8TH AVE A-6 GAINESVILLE, FL 32601 US
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11-27-07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box # <b>5522 NW 43 ST.</b>	3. Mailing Address <b>5522 NW 43 ST.</b>
Suite, Apt. #, etc. <b>B</b>	Suite, Apt. #, etc. <b>B</b>
City & State <b>GAINESVILLE, FL</b>	City & State <b>GAINESVILLE, FL</b>
Zip <b>32653</b>	Country <b>US</b>
Zip <b>32653</b>	Country <b>US</b>

10262007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2414598</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILSON, SALLY A                  C/O SUN LU PROPERTIES INC                  901 NW 8TH AVE STE A-6                  GAINESVILLE, FL 32601</b>	
7. Name and Address of New Registered Agent Name <b>DEBBIE HOUDERSHETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>90 BOSSHARDT PROPERTY MANAGEMENT INC</b> <b>5522 NW 43 ST. STE B</b> City <b>GAINESVILLE</b> FL Zip Code <b>32653</b>	

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 *Debbie Houdershett, CAM* DATE **10-29-07**

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10	
TITLE	TD TJAM, FRANCISCA 3927 N.W. 29 LANE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	D MAYNARD HISS 2735 NW 39 DRIVE GAINESVILLE, FL 32606
TITLE	SD NEWSON, IRENE 3933 NW 27TH LN GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	S IRENE NEWSOME 3933 NW 27 LANE GAINESVILLE, FL 32606
TITLE	PD SCHUELLER, ROBERT 3936 NW 29 LANE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	800112704048 11/29/07--01051--031 **61.25
TITLE	PD TURNER, THOMAS 2441 NW 43 ST 26B GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	
TITLE	DVP BAWDEN, ALISON 2712 NW 39TH DR GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	
TITLE	D CAPEN, CINDY 3961 NW 27TH LN GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Irene M. Newsome, Secretary* DATE: **10/29/07**