

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00785

FILED  
Apr 06, 2010  
Secretary of State

Entity Name: PEBBLE CREEK VILLAS OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

5522 NW 43 ST.  
B  
GAINESVILLE, FL 32653

## New Principal Place of Business:

5522 NW 43 ST.  
SUITE B  
GAINESVILLE, FL 32653

## Current Mailing Address:

5522 NW 43 ST  
STE B  
GAINESVILLE, FL 32653 US

## New Mailing Address:

5522 NW 43 ST.  
SUITE B  
GAINESVILLE, FL 32653

FEI Number: 59-2414598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOUDERSHELT, DEBBIE  
C/O BOSSHARDT PROPERTY MANAGEMENT  
5522-B NW 43 ST  
GAINESVILLE, FL 32653 US

## Name and Address of New Registered Agent:

BOSSHARDT PROPERTY MANAGEMENT LLC  
5522 NW 43 STREET  
SUITE B  
GAINESVILLE, FL 32653 US

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: DEBBIE HOUDERSHELT

04/06/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD  
Name: TJIAM, FRANCISCA  
Address: 3927 N.W. 29 LANE  
City-St-Zip: GAINESVILLE, FL 32606

Title: SD  
Name: NEWSOME, IRENE  
Address: 3933 NW 27TH LN  
City-St-Zip: GAINESVILLE, FL 32606

Title: D  
Name: VAN WINKLE, JOAN  
Address: 3969 NW 27 LANE  
City-St-Zip: GAINESVILLE, FL 32606

Title: PD  
Name: TURNER, THOMAS  
Address: 2441 NW 43 ST 26B  
City-St-Zip: GAINESVILLE, FL 32606

Title: DVP  
Name: BAWDEN, ALISON  
Address: 2712 NW 39TH DR  
City-St-Zip: GAINESVILLE, FL 32606

Title: D  
Name: CAPEN, CINDY  
Address: 3961 NW 27TH LN  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: TOM TURNER

PRES

04/06/2010

Electronic Signature of Signing Officer or Director

Date