

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90206 033 ****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**

60011304



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2414598**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KARAHALIOS, STATHE
3000 NW 13ST STE E
GAINESVILLE FL 32609

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

FILE NOW: FEE IS \$61.25

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 TD	<input type="checkbox"/> Delete
NAME TJAM, FRANCISCA	
STREET ADDRESS 3927 N.W. 29 LANE	
CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE PD	<input type="checkbox"/> Delete
NAME ROMERO, ARMANDO	
STREET ADDRESS 2828 N.W. 39 TERRACE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE VPD	<input type="checkbox"/> Delete
NAME DUNWORTH, JERRY	
STREET ADDRESS 3943 NORTH WEST 27 LANE	
CITY-ST-ZIP GAINESVILLE FL 32601	
TITLE SD	<input type="checkbox"/> Delete
NAME NEWSOME, IRENE	
STREET ADDRESS 3933 NW 27 LANE	
CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **FRANCISCA TJAM, TREASURER**

CR2E037 (10/02)