FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N15384

1. Corporation Name

PEBBLE CREEK OFFICE CONDOMINIUM ASSN., INC.

Principal Place of Business 2811 NW 41 ST STE A 2811 NW 41ST. ST.: SUITE A GAINESVILLE FL 32606-6649

Mailing Address

2811 NW 41 ST STE A 2811 NW 41ST. ST., SUITE A GAINESVILLE FL 32606-6649

FILED Apr 21, 1999 8:00 am secretary of State

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Principal Place of Business Address Address					3. Date Incorporated or Qualifed 06/12/1986		ı
21	26 Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	An	olied For
- , ''	, · · · · · · · · · · · · · · · · · · ·				59-2726221	<u> </u>	Applicable
22		City & State				\$8.75 A	
City & State City & State					5. Certifcate of Status Desired	Fee Rec	
Zip	Zip Country Zip Country			у	6. Election Campaign Financing	\$5.00	May Be
24	25 29 30		30		Trust Fund Contribution Added to Fees		Fees
	9. Name and Address of Curre	ent Registered Agent		,	10. Name and Address of New Register	ad Agent	
			8.	I Name			
SCARBOROUGH, EARL M.				Street Addr	ress (P.O. Box Number is Not Acceptable)		
2811 NW 41 ST STE A				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE A				3			
CAINEC/ILLE EL 20006				1 011		85 Zip C	odo
CANALOVILLE I E OLOGO				City	F	EL 85 Zip C	oue
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statuter	s, the above	/e-named corp	poration submits this statement for the purpose	of changing its	registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·	Registered Ag	ant signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.		AND DIRECTORS			ADDITIONS/CITANGES TO OIT IOERO	☐ Change	Addition
TITLE	PD		1.1 TITLE			CT Outside	
NAMÉ	SCARBOROUGH, EARL M.		1.2 NAME				f
STREET ADDRESS	2811 NW 41 ST STE A		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		1.4 C/TY-	ST-ZIP			
TITLE	, J		2.1 TITLE			Change	☐ Addition
NAME	THOMPSON, DOUGLAS H.		2.2 NAME				
STREET ADDRESS	~ ·		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP =	<u> </u>	<u> </u>	
TITLE			3.1 TTLE			☐ Change	Addition
NAME	SCARBOROUGH, RICHARD E	<u>.</u>	3.2 NAME				
STREET ADDRESS	2811 NW 41 ST STE A		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		•	☐ Change	☐ Addition
NAME			4. 2 NAM	<u>.</u>			ļ
STREET ADDRESS			4.3 STRE	ET ADDRESS	•		.
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS	,		
			5.4 CITY-	1			Ì
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	.**.		6.2 NAME				į
STREET ADDRESS			6.3 STRE	ET ADDRESS			
		-	6.4 CITY-	ľ			1
CITY-ST-ZIP	l		4.4 OH 15				

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 annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with an address, with all other like empowered.