

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N15384



1. Entity 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



04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2726221	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCARBOROUGH, EARL M.
 2811 NW 41 ST STE A
 SUITE A
 GAINESVILLE, FL 32606

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCARBOROUGH, EARL M. 2811 NW 41 ST STE A GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMPSON, DOUGLAS H. 2811 N W 41 ST STE C GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCARBOROUGH, RICHARD E. 2811 NW 41 ST STE A GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/13/08-80046-023 61.25

DO NOT WRITE IN THIS SPACE

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: *Earl M. Scarborough*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08 352-377-9002
 Date Daytime Phone #