

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

100001765691
-04/02/96--01012--003
***61.25

DOCUMENT # **N17348** (6)
1. Corporation Name
PEBBLE CREEK HOMEOWNERS ASSOCIATION OF HILLSBORO UGH COUNTY, INC.



Principal Place of Business: % WESTCHASE ASSOCIATES, 1509 W. SWANN AVE. #230, TAMPA FL 33606, US
Mailing Address: % WESTCHASE ASSOCIATES, 1509 W. SWANN AVE. #230, TAMPA FL 33606, US

3. Date Incorporated or Qualified: 10/16/1986
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business: 21 19651 BRUCE B DOWNS BLVD, Suite, Apt. #, etc.: 22 SUITE D3-104, City & State: 23 TAMPA, FL, Zip: 24 33647, Country: 25 HI
2a. Mailing Address: 26 SAME, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

4. FEI Number: 59-2754231
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 Max Fee Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: VASKO, JOHN R. J, 9906 CYPRESS SHADOW AVE, TAMPA FL 33647

10. Name and Address of New Registered Agent: 81 Name: LYNN GRINNELL, 82 Street Address (P.O. Box Number is Not Acceptable): 9908 COLONNADE DR, 83, 84 City: TAMPA, FL, 85 Zip Code: 33647

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: *Lynn D. Grinnell* Date: 25 Mar 96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VASKO, JOHN R. J	
STREET ADDRESS	9906 CYPRESS SHADOW AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRINNELL, LYNN D.	
STREET ADDRESS	9908 COLONNADE RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MACAULAY, KENNETH W.	
STREET ADDRESS	2030 PLANTATION KEY CIRCLE #207	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWLETT, JACK	
STREET ADDRESS	1509 W. SWANN AVE., STE 230	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, TY	
STREET ADDRESS	1509 W SWANN AVE, STE 230	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNN GRINNELL	
1.3 STREET ADDRESS	9908 COLONNADE DR	
1.4 CITY-ST-ZIP	TAMPA, FL	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vickie Garcia	
2.3 STREET ADDRESS	9710 Fox Chapel Rd	
2.4 CITY-ST-ZIP	Tampa, FL 33647	
3.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GENA MARGOLIES	
3.3 STREET ADDRESS	18504 Country Crest Pl.	
3.4 CITY-ST-ZIP	Tampa, FLA, 33647	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MICHAEL MEGGISON	
4.3 STREET ADDRESS	9904 CYPRESS SHADOW AVE	
4.4 CITY-ST-ZIP	TAMPA FL, 33647	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KENNETH W. MACAULAY	
5.3 STREET ADDRESS	2030 PLANTATION KEY CIRCLE #207	
5.4 CITY-ST-ZIP	BRANDON, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on attachment with an address.

SIGNATURE: *Lynn D. Grinnell* LYNN D. GRINNELL Date: 25 MAR 96 813 991-5510

CR2E037 (12/95)