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Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N17348 (6)

1. Corporation Name

PEBBLE CREEK HOMEOWNERS ASSOCIATION OF HILLSBORO UGH COUNTY, INC.



Principal Place of Business

Mailing Address

19651 BRUCE B. DOWNS BLVD.  
SUITE D3-104  
TAMPA FL 33647  
US

19651 BRUCE B. DOWNS BLVD.  
SUITE D3-104  
TAMPA FL 33647-2445  
US

3. Date Incorporated or Qualified  
10/16/1986

3a. Date of Last Report  
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
59-2754231

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be 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

10. Name and Address of New Registered Agent

GRINNELL, LYNN  
9908 COLONNADE DR  
TAMPA FL 33647

81 Name

Gene Margolies

82 Street Address (P.O. Box Number is Not Acceptable)

18504 Country Crest Place

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* President 1-11-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VASKO, JOHN R. J	
STREET ADDRESS	9906 CYPRESS SHADOW AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRINNELL, LYNN D.	
STREET ADDRESS	9908 COLONNADE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACAULAY, KENNETH W.	
STREET ADDRESS	2030 PLANTATION KEY CIRCLE #207	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROWLETT, JACK	
STREET ADDRESS	1509 W. SWANN AVE., STE 230	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, TY	
STREET ADDRESS	1509 W SWANN AVE, STE 230	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARCIA, VICKIE	
STREET ADDRESS	9710 FOX CHAPEL RD	
CITY-ST-ZIP	TAMPA FL 33647	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Margolies, Gene	
1.3 STREET ADDRESS	18504 Country Crest Place	
1.4 CITY-ST-ZIP	Tampa, FL 33647	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McMullan, Tracy	
2.3 STREET ADDRESS	9732 Cypress Pond Ave.	
2.4 CITY-ST-ZIP	Tampa, FL 33647	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Troy, Matthew	
3.3 STREET ADDRESS	18506 Country Crest Place	
3.4 CITY-ST-ZIP	Tampa, FL 33647	
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Meggison, Mike	
4.3 STREET ADDRESS	9904 Cypress Shadow Ave.	
4.4 CITY-ST-ZIP	Tampa, FL 33647	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

1-11-97

Date

(813)991-0023

Daytime Phone # 0049048

CR2E037 (9/96)