


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 18 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17348 (6)**  
1. Corporation Name  
**PEBBLE CREEK HOMEOWNERS ASSOCIATION OF HILLSBORO UGH COUNTY, INC.**



Principal Place of Business <b>19651 BRUCE B. DOWNS BLVD. SUITE D3-104 TAMPA FL 33647 US</b>	Mailing Address <b>19651 BRUCE B. DOWNS BLVD. SUITE D3-104 TAMPA FL 33647 US</b>
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3. Date Incorporated or Qualified  
**10/16/1986**

4. FEI Number <b>59-2754231</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**MARGOLIES, GENE  
18504 COUNTRY CREST PLACE  
TAMPA FL 33647**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	PD MARGOLIES, GENE 18504 COUNTRY CREST PLACE TAMPA FL 33647	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE	S MCMULLAN, TRACY 9732 CYPRESS POND AVE. TAMPA FL 33647	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S D McMullan, Henry 9732 Cypress Pond Ave. Tampa, FL 33647
TITLE <input checked="" type="checkbox"/> DELETE	TD TROY, MATTHEW 18508 COUNTRY CREST PLACE TAMPA FL 33647	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD D Mastorio, Dave 19021 weatherstone Dr. Tampa, FL 33647
TITLE <input type="checkbox"/> DELETE	V MEGGISON, MIKE 9904 CYPRESS SHADOW AVE. TAMPA FL 33647	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE	VP GARCIA, VICKIE 9710 FOX CHAPEL RD TAMPA FL 33647	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 my address.

SIGNATURE: *Henry McMullan* Henry McMullan 1-20-98 813 907-0432

CP2E037 (10/97)