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**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90069 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17348**

1. Corporation Name  
**PEBBLE CREEK HOMEOWNERS ASSOCIATION OF HILLSBORO UGH COUNTY, INC.**

Principal Place of Business 19651 BRUCE B. DOWNS BLVD. SUITE D3-104 TAMPA FL 33647 US	Mailing Address 19651 BRUCE B. DOWNS BLVD. SUITE D3-104 TAMPA FL 33647 US
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94933 . 90069 . 41



21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified <b>10/16/1986</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number <b>59-2754231</b>
23. City & State	28. City & State	Applied For <input type="checkbox"/> Not Applicable
24. Zip Country	29. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 **Nancy J. Bastian, CPA**  
 82 Street Address (P.O. Box Number is Not Acceptable) **9416 Pebble Glen Ave.**  
 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 **Nancy J. Bastian, CPA** **Nancy J. Bastian, CPA** DATE **1/12/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARGOLIES, GENE	
STREET ADDRESS	18504 COUNTRY CREST PLACE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCMULLAN, HENRY	
STREET ADDRESS	9732 CYPRESS POND AVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MASTORIO, DAVE	
STREET ADDRESS	19021 WEATHERSTONE DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MEGGISON, MIKE	
STREET ADDRESS	9904 CYPRESS SHADOW AVE.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GARCIA, VICKIE	
STREET ADDRESS	9710 FOX CHAPEL RD	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARRICATO, MICHAEL J.	
1.3 STREET ADDRESS	18716 FOREST GLEN CT	
1.4 CITY-ST-ZIP	TAMPA FL 33647	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rubino, Carole J.	
2.3 STREET ADDRESS	19023 Weatherstone Dr.	
2.4 CITY-ST-ZIP	Tampa, FL 33647	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: **CARRICATO, MICHAEL J.** **1-11-99** **991-4328**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)