


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90077 045 ****61.25

DOCUMENT # N17348					
1. Entity Name PEBBLE CREEK HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.					
Principal Place of Business 18715 BENT TREE LANE TAMPA, FL 33647			Mailing Address 18715 BENT TREE LANE TAMPA, FL 33647		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2754231				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCDERMOTT, MICHAEL J P.A. 791 W. LUMSDEN ROAD BRANDON, FL 33511			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 registering)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEGRON, NOEL		NAME	HEIRE, TANYA J	
STREET ADDRESS	9715 CYPRESS POND AVE.		STREET ADDRESS	18716 Forrest blenc	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	1VP	<input checked="" type="checkbox"/> Delete	TITLE	1VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIRE, TANYA J		NAME	CARRICATO, Michael	
STREET ADDRESS	18716 FORREST GLEN CT		STREET ADDRESS	18716 Forest Glen Ct	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	2VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNCIL, ROBERT		NAME	BOPART, Derek	
STREET ADDRESS	18730 FORREST GLEN CT		STREET ADDRESS	19035 Weatherstone Dr	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGS, SHANE		NAME		
STREET ADDRESS	9917 COLONNADE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, ROBERTO		NAME	Tully, Douglas	
STREET ADDRESS	9719 FOX CHAPEL RD		STREET ADDRESS	9909 Colonnade DR	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>			Date: 1-9-06 Daytime Phone #: 813-907-8055		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					