



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N17348 1. Entity Name PEBBLE CREEK HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.	
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FILED
 06 JUN -1 5 11:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 18715 BENT TREE LANE TAMPA, FL 33647	Mailing Address 18715 BENT TREE LANE TAMPA, FL 33647
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



05102006 Chg-NP CR2E037 (4/06)

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 MCDERMOTT, MICHAEL J P.A. 791 W. LUMSDEN ROAD BRANDON, FL 33511	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD HEIRES, TANYA J <input type="checkbox"/> Delete
NAME	18716 FORREST GLEN CT
STREET ADDRESS	TAMPA, FL 33647
CITY-ST-ZIP	
TITLE	1VP <input type="checkbox"/> Delete
NAME	CARRICATO, MICHAEL
STREET ADDRESS	18716 FOREST GLEN CT
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	2VP <input type="checkbox"/> Delete
NAME	BODART, DEREK
STREET ADDRESS	19035 WEATHERSTONE DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S <input type="checkbox"/> Delete
NAME	GILMORE, BOB
STREET ADDRESS	18909 EDINBOROUGH
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	TULLY, DOUGLAS
STREET ADDRESS	9909 COLONADE DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	V <input type="checkbox"/> Delete
NAME	KLOPPENBURG, PAT
STREET ADDRESS	9421 PEBBLE GLEN
CITY-ST-ZIP	TAMPA, FL 33647

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600076157626
STREET ADDRESS	06/13/06--01045--009 **61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRES.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prasinos, George
STREET ADDRESS	9428 Pebble Glen Ave
CITY-ST-ZIP	Tampa, Florida 33647
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Tanya Heires* **Tanya Heires** 5-10-06 813-907-8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #