

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90047 043 ****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
 C/O UNIVERSITY PROPERTIES, INC.
 7001 TEMPLE TERRACE HWY.
 TEMPLE TERRACE, FL 33637

40017232



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 59-2754231

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUARTE, ANTONIO III
 6221 LAND O' LAKES BLVD.
 LAND O' LAKES, FL 34638

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME HEIRES, TANYA J
 STREET ADDRESS 18716 FORREST GLEN CT
 CITY-ST-ZIP TAMPA, FL 33647

TITLE D Delete
 NAME TALLY, DOUG
 STREET ADDRESS 9909 COLONNADE DR
 CITY-ST-ZIP TAMPA, FL 33647

TITLE DT Delete
 NAME GILMORE, BOB
 STREET ADDRESS 18909 EDINBOROUGH
 CITY-ST-ZIP TAMPA, FL 33647

TITLE D Delete
 NAME PRASINOS, GEORGE
 STREET ADDRESS 9428 PEBBLE GLEN AVE
 CITY-ST-ZIP TAMPA, FL 33647

TITLE DVP Delete
 NAME ELLINGSON, ROCKY
 STREET ADDRESS 9313 PEBBLE GLEN AVE
 CITY-ST-ZIP TAMPA, FL 33647

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Change Addition
 NAME TANYA
 STREET ADDRESS 9613 NORCHESTER CR
 CITY-ST-ZIP TAMPA, FL 33647

TITLE 1ST VP Change Addition
 NAME MIKE CARRICATO
 STREET ADDRESS 18716 FOREST GLEN RT
 CITY-ST-ZIP TAMPA, FL 33647

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Change Addition
 NAME TRAVIESO-REED, JILL
 STREET ADDRESS 10049 CYPRESS SHADOW
 CITY-ST-ZIP TAMPA, FL 33647

TITLE DVP Change Addition
 NAME ELLINGSTON, ROCKY
 STREET ADDRESS 9412 PEBBLE GLEN
 CITY-ST-ZIP TAMPA, FL 33647

TITLE 3RD VP Change Addition
 NAME KLOPPENBURG, PAT
 STREET ADDRESS 9421 PEBBLE GLEN
 CITY-ST-ZIP TAMPA, FL 33647

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 J Heires*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

Date

813-907-8055

Daytime Phone #