


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

04-28-2008 90329 049 *****61.25
N17348

DOCUMENT # N17348

1. Entity Name
**PEBBLE CREEK HOMEOWNERS ASSOCIATION OF
HILLSBOROUGH COUNTY, INC.**



FILED
08 MAY 13 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**



04182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-2754231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DUARTE-ANTONIO- III -
6221 LAND O' LAKES BLVD.
LAND O' LAKES, FL 34638**

7. Name and Address of New Registered Agent

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 reappointing) DATE _____

Amended AR to **\$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HEIRES, TANYA J 9613 NORCHESTER CIR TAMPA, FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP CARRICATO, MIKE 18718 FOREST GLEN CT TAMPA, FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILMORE, BOB 18809 EDINBOROUGH TAMPA, FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRAVIESO-REED, JILL 10048 CYPRESS SHADOW TAMPA, FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELLINGSON, ROCKY 9313 PEBBLE GLEN AVE TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KLOPPENBURG, PAT 8412 PEBBLE GLEN TAMPA, FL 33647	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>875/13</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SVP CROCKETT, CRISSY 9917 FOX HOLLOW RD TAMPA, FL 33647</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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 President PCHOA* 4-24-08 813-907-8055
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

TANYA HEIRES