2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Jul 22, 2009 DOCUMENT# N17348 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

18715 BENT TREE LANE TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

C/O UNIVERSITY PROPERTIES, INC. 7001 TEMPLE TERRACE HWY. TEMPLE TERRACE, FL 33637

FEI Number: 59-2754231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition HEIRES, TANYA J LOGAN, DANIEL Name: Name: 9613 NORCHESTER CIR Address: 18505 COUNTRY CREST PLACE Address:

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: () Change () Addition

CARRICATO, MIKE Name: Name: Address: 18716 FOREST GLEN CT Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip:

Title: () Delete Title: () Change () Addition

GILMORE, BOB Name: Name: Address: 18909 EDINBOROUGH Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip:

() Delete Title: SD Title: SD (X) Change () Addition

Name: CROCKETT, CRISSY Name: HEIRES, TANYA 9717 FOX HOLLOW ROAD Address: Address: 18716 FOREST GLEN CT City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

3VP Title: () Delete Title: () Change () Addition

BAZIN, JULIE Name: Name: 9643 FOX HEARST ROAD Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

LOGAN DAN DUDLEY, JOSPEH Name: Name: Address: 18505 COUNTRY CREST Address: 18513 FIELD CLUB TAMPA, FL 33647 TAMPA, FL 33647 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL LOGAN PD 07/22/2009