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**May 13 1997 8:00am
Secretary of State**



**NONPROFIT CORPORATION
ANNUAL REPORT
1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Wortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25907 (9)

**1. Corporation Name
ST. ANDREWS OF PEBBLE CREEK VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business
8323 FAIRWAY LAKES CT
TAMPA FL 33647
US

Mailing Address
8323 FAIRWAY LAKES CT
TAMPA FL 33647-2471
US

3. Date Incorporated or Qualified 04/14/1988
3a. Date of Last Report 03/07/1996

2. Principal Place of Business
21 **9315 Fairway Lakes Ct.**
Suite, Apt. #, etc.
22
City & State
23 **Tampa Florida**
Zip
24 **33647** Country
25 **US**

2a. Mailing Address
26 **9315 Fairway Lakes Ct.**
Suite, Apt. #, etc.
27
City & State
28 **Tampa Florida**
Zip
29 **33647** Country
30 **US**

4. FEI Number 59-2927534
Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RUTHERFORD, JOHN
9323 FAIRWAY LAKES CT
TAMPA FL 33647

10. Name and Address of New Registered Agent
81 Name **SHRUM, STEVE**
82 Street Address (P.O. Box Number is Not Acceptable) **9315 FAIRWAY LAKES CT.**
83
84 City **TAMPA** FL 85 Zip Code **33647**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Steve Shrum DATE: 4/29/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUTHERFORD, JOHN	
STREET ADDRESS	9323 FAIRWAY LAKES CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUSCINO, HENRY	
STREET ADDRESS	9338 FAIRWAY LAKES CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, JAKE	
STREET ADDRESS	9317 FAIRWAY LAKES CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIESLER, LOU	
STREET ADDRESS	9325 FAIRWAY LAKES CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHRUM, STEVE	
1.3 STREET ADDRESS	9315 FAIRWAY LAKES CT.	
1.4 CITY-ST-ZIP	TAMPA FL 33647	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GOELLNER, KARL	
2.3 STREET ADDRESS	9316 FAIRWAY LAKES CT.	
2.4 CITY-ST-ZIP	TAMPA FL 33647	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS, GAIL	
3.3 STREET ADDRESS	9329 FAIRWAY LAKES CT.	
3.4 CITY-ST-ZIP	TAMPA, FL 33647	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve Shrum DATE: 4/10/97 813-973-4907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0048063

CR2E037 (9/96)