

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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		Mailing Address	
8015 FAIRWAY LAKES CT. TAMPA FL 33647 US		8015 FAIRWAY LAKES CT. TAMPA FL 33647 US	
21	9317 FAIRWAY LAKES CT	26	9317 FAIRWAY LAKES CT
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
04/14/1988

4. FEI Number
59-2927534

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

SHRUM, STEVE
8315 FAIRWAY LAKES CT.
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name JAKE WILSON

82 Street Address (P.O. Box Number is Not Acceptable)
9317 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 *Jake Wilson* JAKE WILSON 2-2-98
(Signature, typed or printed name of registered agent and date of application) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHRUM, STEVE	
STREET ADDRESS	8315 FAIRWAY LAKES CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOELLNER, KARL	
STREET ADDRESS	9316 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 type="checkbox"/> DELETE
NAME	THOMAS, GAIL	
STREET ADDRESS	9329 FAIRWAY LAKES CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	L. JOHN RUTHERFORD	
STREET ADDRESS	9323 FAIRWAY LAKES CT	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	RONALD STANLEY	
STREET ADDRESS	9338 FAIRWAY LAKES CT	
CITY-ST-ZIP	TAMPA, FL 33647	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SEC/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	TREAS/DIRECTOR <input checked="" 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 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: *Gail Thomas* GAIL THOMAS 2-2-98 813-991-7164

CR2E037 (10/97)