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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25907

1. Corporation Name

ST. ANDREWS OF PEBBLE CREEK VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9317 FAIRWAY LAKES CT
 TAMPA FL 33647
 US

Mailing Address

9317 FAIRWAY LAKES CT
 TAMPA FL 33647
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/14/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2927534

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, JAKE
 9317 FAIRWAY LAKES CT
 TAMPA FL 33647

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

WILSON

3-6-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME SD
 GOELLNER, KARL
 STREET ADDRESS 9316 FAIRWAY LAKES CT.
 CITY-ST-ZIP TAMPA FL

1.1 TITLE Change Addition
 1.2 NAME VPD
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME PD
 WILSON, JAKE
 STREET ADDRESS 9317 FAIRWAY LAKES CT
 CITY-ST-ZIP TAMPA FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME DT
 THOMAS, GAIL
 STREET ADDRESS 9329 FAIRWAY LAKES CT.
 CITY-ST-ZIP TAMPA FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME VPD
 RUTHERFORD, L JOHN
 STREET ADDRESS 9323 FAIRWAY LAKES CT
 CITY-ST-ZIP TAMPA FL 33647

4.1 TITLE Change Addition
 4.2 NAME SD
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME VPD
 STANLEY, RONALD
 STREET ADDRESS 9338 FAIRWAY LAKES CT
 CITY-ST-ZIP TAMPA FL 33647

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: **WILSON** REQUIRED

3-8-99

813-973-2919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)