

DOCUMENT # N31404

FILED
May 30, 2000 8:00 am
Secretary of State

05-02-2000 90140 021 ****61.25

1. Entity Name

PEBBLE CREEK II OFFICE CONDOMINIUM ASSN., INC.

Principal Place of Business

Mailing Address

2731 NW 41ST ST
 SUITE B-3
 GAINESVILLE FL 32606

ARVIN, JOHN P
 2731 NW 71ST, B-3
 GAINESVILLE FL 32606-6384
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARVIN, JOHN P
 2731 NW 41ST STREET
 SUITE B-3
 GAINESVILLE FL 32606

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME ARVIN, JOHN P
 STREET ADDRESS 2731 NW 41ST ST B-2
 CITY-ST-ZIP GAINESVILLE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME BENCHIMOL, GEORGE M.
 STREET ADDRESS 2731 NW 41ST ST., BLDG. A
 CITY-ST-ZIP GAINESVILLE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SIRMANS, JAMES
 STREET ADDRESS 2731 NW 41ST ST., B-1
 CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D Change Addition
 NAME Medley, E. Scott
 STREET ADDRESS 2731 NW 41st St, B-1
 CITY-ST-ZIP Gainesville, FL 32606

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 617, 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:

John P. Arvin **SIGNATURE REQUIRED** John P. Arvin 4/26/00 (352) 372-6546
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CPRE007 (9/99)