

2001 UNIFORM BUSINESS REPORT (UBR)

1/8/01-5

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-08-2001 90027 028 ****61.25

DOCUMENT # N43847

1. Entity Name
PEBBLE CREEK OF MELBOURNE HOMEOWNERS' ASSOCIATIO

Principal Place of Business P.O. BOX 410553 MELBOURNE FL 32941-0553 US	Mailing Address P.O. BOX 410553 MELBOURNE FL 32941-0553 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3111985		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHLEICH, ROBERT F. 2910 PEBBLE CREEK STREET MELBOURNE FL 32935				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 ✓	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERRARO, THOMAS			NAME	JOSEPH KUHN		
STREET ADDRESS	2922 PEBBLE CREEK ST			STREET ADDRESS	3002 PEBBLE CREEK ST		
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	T/D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHLEICH, ROBERT F.			NAME			
STREET ADDRESS	2910 PEBBLE CREEK STREET			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VP/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEELER, MYRTLE			NAME	THERESA SCHLEICH		
STREET ADDRESS	2902 PEBBLE CREEK ST			STREET ADDRESS	2910 PEBBLE CREEK ST		
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	DA	<input checked="" type="checkbox"/> Delete		TITLE	S/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSTELLO, BARBARA			NAME	DEBRA BAUER		
STREET ADDRESS	4560 BIRDMIST DR			STREET ADDRESS	2914 PEBBLE CREEK ST		
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	D/AEC	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELLS, CLAUDETTE			NAME	GARY BOXER		
STREET ADDRESS	3007 PEBBLE CREEK ST			STREET ADDRESS	3008 PEBBLE CREEK ST		
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAYNE, QUEEN			NAME			
STREET ADDRESS	4558 BIRDMIST DR			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			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, when authorized by the empowered.

SIGNATURE: ROBERT F. SCHLEICH *1/3/01 321-257-1832*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CRE037 (10/00)