


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90010 018 \*\*\*\*61.25

<b>DOCUMENT # N43847</b>					
1. Entity Name PEBBLE CREEK OF MELBOURNE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 410553 MELBOURNE, FL 32941-0553 US			Mailing Address P.O. BOX 410553 MELBOURNE, FL 32941-0553 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
01112008			Chg-NP		CR2E037 (12/06)
4. FEI Number 59-3111985				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GONZALEZ, TINO 1600 SARNO ROAD, SUITE 1 MELBOURNE, FL 32935			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKER, LEON		NAME	CROCKER, LEON	
STREET ADDRESS	2942 PEBBLE CREEK STREET		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPAGNE, HENRY		NAME		
STREET ADDRESS	4534 RIVERMIST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, MANDY		NAME	COX, MANDY	
STREET ADDRESS	4553 RIVERMIST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPPI, DENISE		NAME	TOPPI, DENISE	
STREET ADDRESS	4522 RIVERMIST DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, TAMRA		NAME	POPE, TAMRA	
STREET ADDRESS	3000 PEBBLE CREEK ST		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, JOHN		NAME	TOWNSEND, JANICE	
STREET ADDRESS	3004 PEBBLE CREEK ST		STREET ADDRESS	2903 PEBBLE CREEK STREET	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	MELBOURNE FL 32935	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mandy S. Cox</i>		Mandy S. Cox, Treasurer		Jan. 14, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				321-242-9111	