

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90705 007 ****61.25

DOCUMENT # N43847

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3111985**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SCHLEICH, ROBERT F.
2910 PEBBLE CREEK STREET
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name **BARRETT, CHARLES R.**
Street Address (P.O. Box Number is Not Acceptable)
4554 RIVERMIST DRIVE
City **MELBOURNE** FL Zip Code **32935**

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 *Charles R. Barrett* **CHARLES R. BARRETT, TREASURER/DIRECTOR**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **1/09/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, ROBERT R 4526 RIVERMIST DR MELBOURNE FL 32983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHLEICH, ROBERT F. 2910 PEBBLE CREEK STREET MELBOURNE FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHLEICH, THERESA 2910 PEBBLE CREEK ST MELBOURNE FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUER, DEBRA 2914 PEBBLE CREEK ST MELBOURNE FL 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHS, CHARLES 4528 RIVERMIST DR MELBOURNE FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SPRINKLE, TERRANCE 2932 PEBBLE CREEK ST. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LOGULLO, MARIE 4522 RIVERMIST DR MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BARRETT CHARLES R. 4554 RIVERMIST DR MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHN, JOSEPH 3002 PEBBLE CREEK ST. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles R. Barrett* **CHARLES R. BARRETT** **1/09/03 321-757-6855**

CR2E037 (10/02)