FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

Principal Place of Business

DOCUMENT #

1. Corporation Name N44772

Mailing Address

PEBBLE CREEK PROPERTY OWNERS ASSOCIATION, INC.

2710 PEBBLE CREEK PLACE PORT CHARLOTTE FL 33948		P.O. BOX 206 PUNTA GORDA FL 33951-0206				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				08/21/1991	04/15/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 P.O. BOX	511255	65-0611992	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State)	City & State	D.A. E.I.	6. Election Campaign Financing	\$5.00 May Be	
23 P	Country	28 PUNTA GOR	DA,FL Country	Trust Fund Contribution	Added to Fees	
24	25	29 F1	30 CHARLOT	B. This corporation has liability for it. TE Florida Statutes	ntangible tax under s. 199.032, Yes No	
<u> </u>	9. Name and Address of Current		130 CHARLOI	10. Name and Address of New Re		
			81 Name			
WILLIAMS, DONALD CPA				100 B N - E E N - A - A - A - A - A - A - A - A - A -		
1 3005 CARING WAY			62 Street /	82 Street Address (P.O. Box Number is Not Acceptable)		
	HARLOTTE FL 33952		83			
•			64 City		85 Zip Code	
•			OT ON	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above-named	corporation submits this statement for the p	urpose of changing its registered	
agent. I a	egistered agent, or boot, in the State m familiar with, and accept the obliga	tions of, Section 617.0503, Flo	authorized by the corporida Statutes.	poration's board of directors. I hereby accep	or the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered ager		E: Registered Agent signature		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD STANKED	DELETE	1.1 TITLE	PRESIDENT MDM	Change	
NAME	SLACK, JAMES		1.2 NAME	SUTTON, WELLINTON	J ₂	
STREET ADDRESS	27920 N. JONES LOOP ROAL	,	1.3 STREET ADDRESS	[28100 N. JONES LO		
CITY-ST-ZIP	PUNTA GORDA FL 33982	V OFFICE	1.4 City-St-ZiP	PUNTA GORDA, FL.	339.82	
TITLE	SD ALKOLEY A	DELETE	2.1 TITLE		D • K. Change L. Addition	
NAME	DEES, SHIRLEY A		2.2 NAME	SUTTON, WILLIAM J. 27920 N. JONES LOC	P RD	
STREET ADORESS	1110 CORAL RIDGE DRIVE		2.3 STREET ADDRESS	DINTA CODDA EL	33982	
CHTY-ST-ZIP TITLE	PUNTA GORDA FL 33950 D	DELETE	2. 4 CITY-ST-ZIP	PUNTA GORDA, F.L.	Change Addition	
NAME	-	L_J DILLEIL	3.2 NAME			
STREET ADDRESS	MUNGOVAN, ROBERT 2470 PEBBLE CREEK PLACE		3.3 STREET ADDRESS			
	PORT CHARLOTTE FL 33948				:	
CITY-ST-2IP TITLE	TONT OHARLOTTE IL 33940	☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	CECDETADY H=#	Change X Addition	
NAME		☐ breeve	4. 2 NAME	SECRETARY "T"		
STREET ADDRESS			4.3 STREET ADDRESS	SUTTON, FRANKLIN L 113 CIMARRON ROAD	• •	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	CLARKSBURG. WV	26301	
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change X Addition	
NAME			5.2 NAME	. 7	•••	
STREET ADDRESS			5.3 STREET ADDRESS	SUTTON, CHARLES F 275 RIDGEWAY DRIVE		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		6330	
TITLE	······································	DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	Sant Control of the C		
STREET ADDRESS			6.3 STREET ADDRESS			

14. I do 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 argual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes, or on a state ament with an address.

FILED

May 28 1997 8:00am

Secretary of State