## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 05, 2001 8:00 am § Secretary of State DOCUMENT # N44772 1. Entity Name PEBBLE CREEK PROPERTY OWNERS ASSOCIATION, INC. 03-05-2001 90239 001 \*\*\*361.25 Principal Place of Business Mailing Address 2710 PEBBLE CREEK PLACE P.O. BOX 511255 V4997 PUNTA GORDA FL 33951-0206 PORT CHARLOTTE FL 33948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0611992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, DONALD CPA 3005 CARING WAY PORT CHARLOTTE FL 33952 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Defete TITLE Change SUTTON, WELLINTON J NAME NAME 28100 N JONES LOOP RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP **PUNTA GORDA FL** VPD TITLE ☐ Change ☐ Addition TITI F ☐ Delete SUTTON, WILLIAM J NAME NAME STREET ADDRESS 27920 N JONES LOOP RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL** TITLE ☐ Delete TITLE Change ☐ Addition MUNGOVAN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 2470 PEBBLE CREEK PLACE CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33948 TITLE ☐ Delete TITLE ☐ Change ∏ Addition SUTTON, FRANKLIN L NAME NAME STREET ADDRESS STREET ADDRESS 113 CIMARRON RD CITY-ST-7IP CITY-ST-ZIP **CLARKSBURG WV** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SUTTON, CHARLES R NAME STREET ADDRESS STREET ADDRESS 275\_RIDGEWAY\_DRIVE CITY-ST-ZIP CITY-ST-ZIP **BRIDGEPORT WV** Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

941-639-7470