

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90049 030 \*\*\*\*61.25

**DOCUMENT # N44772**

1. Entity Name

**PEBBLE CREEK PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

**2710 PEBBLE CREEK PLACE  
 PORT CHARLOTTE FL 33948**

Mailing Address

**P.O. BOX 511255  
 PUNTA GORDA FL 33951-0206  
 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

**65-0611992**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILLIAMS, DONALD CPA  
 3005 CARING WAY  
 PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, WELLINTON J</b>	
STREET ADDRESS	<b>28100 N JONES LOOP RD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, WILLIAM J</b>	
STREET ADDRESS	<b>27920 N JONES LOOP RD</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MUNGOVAN, ROBERT</b>	
STREET ADDRESS	<b>2470 PEBBLE CREEK PLACE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, FRANKLIN L</b>	
STREET ADDRESS	<b>113 CIMARRON RD</b>	
CITY-ST-ZIP	<b>CLARKSBURG WV</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, CHARLES R</b>	
STREET ADDRESS	<b>275 RIDGEWAY DRIVE</b>	
CITY-ST-ZIP	<b>BRIDGEPORT WV</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/22/02**

**941-639-7470**

CR2E037 (9/01)