

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

06-30-2003 90068 017 *****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90140434

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
Suite, Apt. #, etc.

3. Mailing Address
2660 Pebble Creek PL
Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

Zip
33948

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0611992

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, DONALD CPA
3005 CARING WAY
PORT CHARLOTTE, FL 33962

7. Name and Address of New Registered Agent
Name: **Joseph Marrapodi**
Street Address (P.O. Box Number is Not Acceptable):
2660 Pebble Creek Place
City: **Port Charlotte** FL **33948**

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: *J. Marrapodi* **6/5/03** DATE

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: SUTTON, WELLINGTON J STREET ADDRESS: 28100 N JONES LOOP RD CITY-ST-ZIP: PUNTA GORDA, FL	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Joseph Marrapodi STREET ADDRESS: 2660 Pebble Creek Pl CITY-ST-ZIP: Pt Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: SUTTON, WILLIAM J STREET ADDRESS: 27920 N JONES LOOP RD CITY-ST-ZIP: PUNTA GORDA, FL	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Robert Mungovan STREET ADDRESS: 2470 Pebble Creek Place CITY-ST-ZIP: Pt Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MUNGOVAN, ROBERT STREET ADDRESS: 2470 PEBBLE CREEK PLACE CITY-ST-ZIP: PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete	TITLE: T NAME: AJ Tony Scialfa STREET ADDRESS: 2540 Pebble Creek Place CITY-ST-ZIP: Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: SUTTON, FRANKLIN L STREET ADDRESS: 113 COMARRON RD CITY-ST-ZIP: CLARKSBURG, WV	<input checked="" type="checkbox"/> Delete	TITLE: ST NAME: Ben Campione STREET ADDRESS: 2460 Pebble Creek Place CITY-ST-ZIP: Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: SUTTON, CHARLES R STREET ADDRESS: 276 RIDGEWAY DRIVE CITY-ST-ZIP: BRIDGEPORT, WV	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Robert Birnbaum STREET ADDRESS: 2531 Pebble Creek Place CITY-ST-ZIP: Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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)(d), 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 the empowered.

SIGNATURE: *J. Marrapodi* **6/5/03** DATE **941-627-4526** Copying Fee \$