

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003321 (5)**

1. Corporation Name

**PEBBLE CREEK VILLAS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

5975 CATTLEMEN LANE  
SARASOTA FL 34232

5975 CATTLEMEN LANE  
SARASOTA FL 34232

2. Principal Place of Business

2a. Mailing Address

Condominium Management, Inc.  
1801 Glengary Street  
Sarasota, FL 34231-3603

Condominium Management, Inc.  
1801 Glengary Street  
Sarasota, FL 34231-3603

3. Date Incorporated or Qualified  
**07/10/1995**

3a. Date of Last Report

4. FEI Number

**65-0602113**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 | 25 | 29 | 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWALM & MURRELL, P.A.  
2375 TAMiami TRAIL N., STE. 308  
NAPLES FL 33940

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, WILLIAM	1.2 NAME	Charles Danna
STREET ADDRESS	5975 CATTLEMEN LANE	1.3 STREET ADDRESS	4900 Cent. Sarasota Pkwy.
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	Sarasota, FL 34238
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEGRA, ROBERT T	2.2 NAME	Robert Allegra
STREET ADDRESS	5975 CATTLEMEN LANE	2.3 STREET ADDRESS	5975 Cattlemen Road
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTERMAN, ROBERT	3.2 NAME	Todd Kerber
STREET ADDRESS	5975 CATTLEMEN LANE	3.3 STREET ADDRESS	5975 Cattlemen Road
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	P. Richard Clark
STREET ADDRESS		4.3 STREET ADDRESS	1801 Glengary Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	500001792545
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-04/24/96--01050--012
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*P. Richard Clark*

Date Daytime Phone #

4/17/96 941-921-5393

CR2E037 (12/95)