

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003321 (5)**

1. Corporation Name  
**PEBBLE CREEK VILLAS ASSOCIATION, INC.**



Principal Place of Business <b>CODOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603</b>	Mailing Address <b>CODOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603</b>
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3. Date Incorporated or Qualified <b>07/10/1995</b>	3a. Date of Last Report <b>04/23/1996</b>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number <b>65-0602113</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRAHAM, WILLIAM</b>	
STREET ADDRESS	<b>5975 CATTLEMENN LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALLEGRA, ROBERT T</b>	
STREET ADDRESS	<b>5975 CATTLEMEN LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COTTERMAN, ROBERT</b>	
STREET ADDRESS	<b>5975 CATTLEMEN LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DANNA, CHARLES</b>	
STREET ADDRESS	<b>4900 CENT. SARASOTA PKWY</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEGRA, ROBERT</b>	
STREET ADDRESS	<b>5975 CATTLEMEN ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>KERBER, TODD</b>	
STREET ADDRESS	<b>5975 CATTLEMEN ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: *P. Richard Clark*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**P. Richard Clark**  
 4/22/97 941/921-5393  
 Daytime Phone # 0080820

CR2E037 (9/96)

PBL

Manager: *Pebble Creek Team*

Date Printed 6/7/96

Page 1  
Tel Account

P/D

Mr. Charles Danna

Local Address

U.S. Home Corporation  
4900 Cent. Sarasota Pkwy.  
Sarasota, FL 34238

V/D

Mr. Robert Allegra

Local Address

U.S. Home Corporation  
5975 Cattlemen Lane  
Sarasota, FL 34232

S/T/D

Mr. Todd Kerber

Local Address

U.S. Home Corporation  
5975 Cattlemen Lane  
Sarasota, FL 34232

AS

*P. Richard Clark  
1801 Glengary St.  
Sarasota FL 34231*