

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90005 027 \*\*\*\*61.25

**DOCUMENT # N95000003321**

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

|   |   |
|---|---|
| Principal Place of Business<br><b>CODOMINIUM MANAGEMENT, INC.<br/>         1801 GLENGARY STREET<br/>         SARASOTA FL 34231-3603</b> | Mailing Address<br><b>CODOMINIUM MANAGEMENT, INC.<br/>         1801 GLENGARY STREET<br/>         SARASOTA FL 34231-3603</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |                     |     |         |
|--------------------------------|---------------------|-----|---------|
| 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<br><b>65-0602113</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |  |

6. Name and Address of Current Registered Agent

**CONDOMINIUM MANAGEMENT INC.  
 1801 GLENGARY ST  
 SARASOTA FL 34231**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>GINDLING, LEONARD<br/>8712 PEBBLE CREEK<br/>SARASOTA FL 34238</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>DAVIDSON, JAMES C<br/>8772 PEBBLE CREEK LANE<br/>SARASOTA FL 34238</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>GRAHAM, CLIFFORD L<br/>8737 PEBBLE CREEK LANE<br/>SARASOTA FL 34238</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>CLARK, P. RICHARD<br/>1801 GLENGARY ST<br/>SARASOTA FL 34231</b> <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>DAMALAK, AL M<br/>8792 PEBBLE CREEK<br/>SARASOTA FL 34238</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BESTE, WALTER H<br/>8780 PEBBLE CREEK LANE<br/>SARASOTA FL 34238</b> <input type="checkbox"/> Delete     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

**SEE ATTACHED**

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 an order that empowers.

SIGNATURE *P. Richard Clark* **REQUIRED** P. Richard Clark 4/17/02 (941) 921-5393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Manager: TEAM

*Local Address*

Date Printed:

04/03/02

Code

|     |   |  |    |
|-----|---|--|----|
| P/D | <b>Mr. Leonard G. Gindling</b><br>8712 Pebble Creek<br>Sarasota, FL 34238     | <i>Attachment</i><br><i>Doc# N9500000 3321</i> | 10 |
| V/D | <b>Mr. Jim C. Davidson</b><br>8772 Pebble Creek Lane<br>Sarasota, FL 34238    | <i>790323</i>                                  | 12 |
| S/D | <b>Mr. Walter H. Beste</b><br>8780 Pebble Creek Lane<br>Sarasota, FL 34238    |  | 25 |
| T/D | <b>Mr. Al M. Damalak</b><br>8792 Pebble Creek<br>Sarasota, FL 34238           |  | 30 |
| D   | <b>Mr. Clifford L. Graham</b><br>8737 Pebble Creek Lane<br>Sarasota, FL 34238 |  | 40 |
| AS  | <b>Mr. P. Richard Clark</b><br>1801 Glengary Street<br>Sarasota, FL 34231     |  | 50 |
| AT  | <b>Mr. Paul R. Clark, Jr.</b><br>1801 Glengary Street<br>Sarasota, FL 34231   |  | 55 |