

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90062 050 \*\*\*\*61.25

**DOCUMENT # N97000003164**

1. Entity Name

**PEBBLE CREEK AT MEADOW WOODS HOMEOWNERS' ASSOCIA**

Principal Place of Business

120 FAIRWAY WOODS BLVD.  
 ORLANDO FL 32824

Mailing Address

120 FAIRWAY WOODS BLVD.  
 ORLANDO FL 32824-9028

2. Principal Place of Business

*1633 E. Vine St.*

Suite, Apt. #, etc.

*Suite 110*

City & State

*Kissimmee FL*

Zip

*34744*

Country

*USA*

3. Mailing Address

*1633 E. Vine St*

Suite, Apt. #, etc.

*Suite 110*

City & State

*Kissimmee FL*

Zip

*34744*

Country

4. FEI Number

**59-3498607**

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

**WEISENFELD, JOSEPH J**  
**799 BRICKELL PLAZA, SUITE 900**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name *Leland Management, Inc.*  
 Street Address (P.O. Box Number, if Applicable) *1633 E. Vine Street*  
*Suite 110*  
 City *Kissimmee* FL Zip Code *34744*

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

*Rebecca Meghee*

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>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COLLEEN BRINGMAN</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>O'HARA, CHARLES D</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	
TITLE	<b>DTS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CYNTHIA ERSKINE</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREG DUFF</b>	
STREET ADDRESS	<b>1230 TIMBERBEND CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL. 32824</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YADIRA AMBERT</b>	
STREET ADDRESS	<b>131L TIMBERBEND CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32824</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUIS SOTO</b>	
STREET ADDRESS	<b>131L TIMBERBEND CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL. 32824</b>	
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)(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 all other like empowered.

SIGNATURE:

*Greg Duff*

*Greg Duff*

Date

Daytime Phone #