


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90148 047 \*\*\*\*61.25

**DOCUMENT # N97000003164**

1. Entity Name  
**PEBBLE CREEK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**52 E. SOUTH STREET  
 ORLANDO, FL 32801**

Mailing Address  
**52 E. SOUTH STREET  
 SUITE 110  
 ORLANDO, FL 32801**

65022337



2. Principal Place of Business  
**1801 Cook Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1801 Cook Avenue**  
 Suite, Apt. #, etc.

04282006 Chg-NP CR2E037 (4/06)

City & State  
**Orlando Florida Orlando Florida**

Zip  
**32806 Orange 32806 Orange**

4. FEI Number  
**59-3498607**

Applied For  
 Not Applicable

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

6- Name and Address of Current Registered Agent  
**DON ASHER AND ASSOCIATES INC  
 52 EAST SOUTH STREET  
 ORLANDO, FL 32801-3396**

7- Name and Address of New Registered Agent  
 Name **Steven D. Asher**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1801 Cook Avenue**  
 City **Orlando** FL Zip Code **32806**

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: *Not* (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
 Due by **May 1, 2006**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PTD	RIVERA, ALICE	1343 HEATHER LAKE DR.	ORLANDO, FL 32824	<input type="checkbox"/>
VPD	RIVERA, NANCY	1361 IVY MEADOW DR.	ORLANDO, FL 32824	<input type="checkbox"/>
SD	RIVERA, ALICE	1343 HEATHE LAKE DR	ORLANDO, FL 32824	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alice Rivera* Date *7/25/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR