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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25907 (9)

1. Corporation Name

ST. ANDREWS OF PEBBLE CREEK VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9323 FAIRWAY LAKES CT
TAMPA FL 33647
US9323 FAIRWAY LAKES CT
TAMPA FL 33647-2471
US3. Date Incorporated or Qualified
04/14/19883a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 9315 Fairway Lakes Ct.

26 9315 Fairway Lakes Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tampa Florida

28 Tampa Florida

Zip

Country

Zip

Country

24 33647

25 US

29 33647

30 US

4. FEI Number

59-2927534

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTHERFORD, JOHN
9323 FAIRWAY LAKES CT
TAMPA FL 33647

81 Name

SHRUM, STEVE

82 Street Address (P.O. Box Number is Not Acceptable)

9315 FAIRWAY LAKES CT.

83

84 City

TAMPA

FL

85 Zip Code

33647

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)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUTHERFORD, JOHN	
STREET ADDRESS	9323 FAIRWAY LAKES CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUSCINO, HENRY	
STREET ADDRESS	9338 FAIRWAY LAKES CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, JAKE	
STREET ADDRESS	9317 FAIRWAY LAKES CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIESLER, LOU	
STREET ADDRESS	9325 FAIRWAY LAKES CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHRUM, STEVE	
1.3 STREET ADDRESS	9315 FAIRWAY LAKES CT.	
1.4 CITY-ST-ZIP	TAMPA FL 33647	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GOELLNER, KARL	
2.3 STREET ADDRESS	9316 FAIRWAY LAKES CT.	
2.4 CITY-ST-ZIP	TAMPA FL 33647	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS, GAIL	
3.3 STREET ADDRESS	9329 FAIRWAY LAKES CT.	
3.4 CITY-ST-ZIP	TAMPA, FL 33647	
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:

Steve Shrum

4/10/97

813-973-4907

Date

Daytime Phone # 0048063

CR2E037 (9/96)