

2000 UNIFORM BUSINESS REPORT (UBR)

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

USA

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

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 Acceptable)

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	D	<input checked="" type="checkbox"/> Delete
NAME	COLLEEN BRINGMAN	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'HARA, CHARLES D	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	DTs	<input checked="" type="checkbox"/> Delete
NAME	CYNTHIA ERSKINE	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	
CITY-ST-ZIP	ORLANDO FL 32824	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREG DUFF	
STREET ADDRESS	1230 TIMBERBEND CIRCLE	
CITY-ST-ZIP	ORLANDO, FL. 32824	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YADIRA AMBERT	
STREET ADDRESS	1316 TIMBERBEND CIRCLE	
CITY-ST-ZIP	ORLANDO, FL. 32824	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS SOTO	
STREET ADDRESS	1316 TIMBERBEND CIRCLE	
CITY-ST-ZIP	ORLANDO, FL. 32824	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Duff

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE