

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90069 041 ****61.25

DOCUMENT # N97000003164

1. Entity Name

PEBBLE CREEK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1633 E VINE STREET
 SUITE 110
 KISSIMMEE FL 34744

1633 E VINE STREET
 SUITE 110
 KISSIMMEE FL 34744

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

59-3498607

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LELAND MANAGEMENT, INC
 1633 E VINE STREET
 SUITE 110
 KISSIMMEE FL 34744

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME DUFF, GREG
 STREET ADDRESS 1230 TIMBERBEND CIRCLE
 CITY-ST-ZIP ORLANDO FL 32824

TITLE PD
 NAME Jose Negron
 STREET ADDRESS 1208 Heather Lake Dr
 CITY-ST-ZIP Orlando FL 32824

TITLE VPD
 NAME AMBERT, YADIRA
 STREET ADDRESS 1316 TIMBERBEND CIRCLE
 CITY-ST-ZIP ORLANDO FL 32824

TITLE VPD
 NAME Anthony Rios
 STREET ADDRESS 1243 Heather Lake Dr
 CITY-ST-ZIP Orlando FL 32824

TITLE STD
 NAME LUIS, SOTO
 STREET ADDRESS 1316 TIMBERBEND CIRCLE
 CITY-ST-ZIP ORLANDO FL 32824

TITLE STD
 NAME Hildy Escalosa
 STREET ADDRESS 1311 Ivy Meadow Dr
 CITY-ST-ZIP Orlando FL 32824

TITLE
 NAME
 STREET ADDRESS
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TITLE
 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

Date

Daytime Phone #

CR2E037 (9/01)