

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25907

FILED
Apr 21, 2007
Secretary of State

Entity Name: ST. ANDREWS OF PEBBLE CREEK VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9332 FAIRWAY LAKES CT
TAMPA, FL 33647 US

New Principal Place of Business:

9329 FAIRWAY LAKES CT
TAMPA, FL 33647 US

Current Mailing Address:

9332 FAIRWAY LAKES CT
TAMPA, FL 33647 US

New Mailing Address:

9329 FAIRWAY LAKES CT
TAMPA, FL 33647 US

FEI Number: 59-2927534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPP, JEAN
9332 FAIRWAY LAKES CT
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

THOMAS, GAIL
9329 FAIRWAY LAKES CT
TAMPA, FL 33647 US

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: GAIL THOMAS

04/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, JACK
Address: 9317 FAIRWAY LAKES CT.
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: THOMAS, GAIL
Address: 9329 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: HAYES, JAMES
Address: 9318 FAIRWAY LAKES CT.
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: SMITH, IRA
Address: 9330 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: TRIPP, JEAN
Address: 9332 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: THOMAS, GAIL
Address: 9329 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SC (X) Change () Addition
Name: JOHNSON, CHARLES B
Address: 9336 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL THOMAS

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04/21/2007

Electronic Signature of Signing Officer or Director

Date