

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N25907

FILED
Feb 20, 2003
Secretary of State

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

Current Principal Place of Business:

9318 FAIRWAY LAKES CT
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

9318 FAIRWAY LAKES CT
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-2927534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, BEVERLY W
9318 FAIRWAY LAKES CT
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHRUM, MARGIE
Address: 9315 FAIRWAY LAKES CT.
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: SOFIA, ANN
Address: 9319 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

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

Title: VPD () Delete
Name: JOHNSON, CHARLES W
Address: 9336 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: HAIGH, JOE
Address: 9310 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WARD, PAULA
Address: 9302 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: VPD (X) Change () Addition
Name: GALATI, PHIL
Address: 9308 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

Title: VPD (X) Change () Addition
Name: MOLINEUX, SANDI
Address: 9327 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 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 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: BEVERLY W. HAYES

DT

02/20/2003

Electronic Signature of Signing Officer or Director

Date