

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725604

**FILED**  
**Feb 11, 2014**  
**Secretary of State**  
**CC9138884486**

**Entity Name:** PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

18715 BENT TREE LANE  
TAMPA, FL 33647

**Current Mailing Address:**

UNIVERSITY PROPERTIES, INC.  
7001 TEMPLE TERRACE HIGHWAY  
TAMPA, FL 33637 US

**FEI Number:** 59-1654230

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARSH, ROBERT E  
9229 PEBBLE CREEK DRIVE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CHMURA, STAN  
Address 18316 STURBRIDGE CT.  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name GREEN, MICHAEL  
Address 9014 HOGANS BEND  
City-State-Zip: TAMPA FL 33647

Title SD  
Name CHMURA, FRAN  
Address 189316 STURBRIDGE COURT  
City-State-Zip: TAMPA FL 33647

Title T  
Name MARSH, ROBERT  
Address 9229 PEBBLE CREEK DRIVE  
City-State-Zip: TAMPA FL 33647

Title D  
Name HOUGHTON, BETTY ANN  
Address 9218 PEBBLE CREEK DRIVE  
City-State-Zip: TAMPA FL 33647

*I hereby 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 all other like empowered.*

**SIGNATURE:** STAN CHMURA

**PRESIDENT**

**02/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date