

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00785

**Entity Name:** PEBBLE CREEK VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5522 NW 43 ST.  
SUITE B  
GAINESVILLE, FL 32653

**Current Mailing Address:**

5522 NW 43 ST.  
SUITE B  
GAINESVILLE, FL 32653

**FEI Number:** 59-2414598

**Certificate of Status Desired:** No

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

BOSSHARDT PROPERTY MANAGEMENT LLC  
5522 NW 43 STREET  
SUITE B  
GAINESVILLE, FL 32653 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           TREASURER  
Name           TJIAM, FRANCISCA  
Address        5522-B NW 43 STREET  
City-State-Zip: GAINESVILLE FL 32653

Title           SECRETARY  
Name           NEWSOME, IRENE  
Address        5522-B NW 43 STREET  
City-State-Zip: GAINESVILLE FL 32653

Title           DIRECTOR  
Name           VAN WINKLE, JOAN  
Address        5522-B NW 43 STREET  
City-State-Zip: GAINESVILLE FL 32653

Title           VP  
Name           TURNER, THOMAS  
Address        5522-B NW 43 STREET  
City-State-Zip: GAINESVILLE FL 32653

Title           PRESIDENT  
Name           BAWDEN, ALISON  
Address        5522-B NW 43 STREET  
City-State-Zip: GAINESVILLE FL 32653

Title           DIRECTOR  
Name           LARSON, MARK  
Address        5522-B NW 43 STREET  
City-State-Zip: GAINESVILLE FL 32653

Title           DIRECTOR  
Name           FRANCO, CARMELITA  
Address        5522 NW 43 ST.  
                  SUITE B  
City-State-Zip: GAINESVILLE FL 32653

*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:** ALISON BAWDEN

**PRESIDENT**

**03/01/2019**

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

\_\_\_\_\_  
Date