

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17348

**Entity Name:** PEBBLE CREEK HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

**FILED**  
**Feb 05, 2020**  
**Secretary of State**  
**5619123219CC**

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618 US

**FEI Number: 59-2754231**

**Certificate of Status Desired: No**

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

ELLIS , JONATHAN J  
101 E. KENNEDY BLVD  
SUITE 2800  
TAMPA , FL 33602 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: JONATHAN J ELLIS**

**02/05/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JACOBSON, MICHAEL  
Address        4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title            TREASURER  
Name            FINE, JEFF  
Address        4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR  
Name            IGNATOWICZ, LYNN  
Address        4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title            VP  
Name            SCHALLER, PAUL  
Address        4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title            SECRETARY  
Name            VITELLI, IRIS  
Address        4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

*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: MICHAEL JACOBSON**

**PRESIDENT**

**02/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date