

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

DOCUMENT# N17348

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**3284740295CC**

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

**Current Principal Place of Business:**

18715 BENT TREE LANE  
TAMPA, FL 33647

**Current Mailing Address:**

C/O UNIVERSITY PROPERTIES, INC.  
3018 N. U.S. HWY 301 SUITE 950  
TAMPA, FL 33619 US

**FEI Number: 59-2754231**

**Certificate of Status Desired: No**

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

DUARTE, ANTONIO  
6221 LAND O' LAKES BLVD.  
LAND O' LAKES, FL 34638 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            PRESIDENT  
Name            JACOBSON, MICHAEL  
Address        C/O UNIVERSITY PROPERTIES, INC.  
                  3018 N. U.S. HWY 301 SUITE 950  
City-State-Zip: TAMPA FL 33619

Title            TREASURER  
Name            FINE, JEFF  
Address        C/O UNIVERSITY PROPERTIES, INC.  
                  3018 N. U.S. HWY 301 SUITE 950  
City-State-Zip: TAMPA FL 33619

Title            VP  
Name            IGNATOWICZ, LYNN  
Address        C/O UNIVERSITY PROPERTIES, INC.  
                  3018 N. U.S. HWY 301 SUITE 950  
City-State-Zip: TAMPA FL 33619

Title            VC  
Name            SCHALLER, PAUL  
Address        C/O UNIVERSITY PROPERTIES, INC.  
                  3018 N. U.S. HWY 301 SUITE 950  
City-State-Zip: TAMPA FL 33619

Title            SECRETARY  
Name            WEEDEN, DAVE  
Address        C/O UNIVERSITY PROPERTIES, INC.  
                  3018 N. U.S. HWY 301 SUITE 950  
City-State-Zip: TAMPA FL 33619

*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**

**02/12/2019**

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

\_\_\_\_\_  
Date