

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25907

**FILED**  
**Feb 16, 2013**  
**Secretary of State**  
**CC2103083967**

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

**Current Principal Place of Business:**

9329 FAIRWAY LAKES CT  
TAMPA, FL 33647

**Current Mailing Address:**

9329 FAIRWAY LAKES CT  
TAMPA, FL 33647 US

**FEI Number: 59-2927534**

**Certificate of Status Desired: No**

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

THOMAS, GAIL  
9329 FAIRWAY LAKES CT  
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 SD  
Name WILSON, JACK  
Address 9317 FAIRWAY LAKES CT.  
City-State-Zip: TAMPA FL 33647

Title VPD  
Name SOFIA, ANN  
Address 9319 FAIRWAY LAKES CT  
City-State-Zip: TAMPA FL 33647

Title PD  
Name HAYES, JAMES  
Address 9318 FAIRWAY LAKES CT.  
City-State-Zip: TAMPA FL 33647

Title TD  
Name THOMAS, GAIL  
Address 9329 FAIRWAY LAKES CT  
City-State-Zip: TAMPA FL 33647

Title VPD  
Name KOWCH, DOROTHY  
Address 9320 FAIRWAY LAKES CT  
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: GAIL THOMAS**

**T D**

**02/16/2013**

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

\_\_\_\_\_  
Date