

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25907

Entity Name: ST. ANDREWS OF PEBBLE CREEK VILLAGE HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 09, 2020
Secretary of State
1208790524CC**Current Principal Place of Business:**9317 FAIRWAY LAKES CT
TAMPA, FL 33647**Current Mailing Address:**9317 FAIRWAY LAKES CT
TAMPA, FL 33647 US**FEI Number: 59-2927534****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAVIN, LARRY W DR.
9317 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: DR. LARRY LAVIN****02/09/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SECRETARY
Name ALTER, IVANA
Address 9336 FAIRWAY LAKES CT
City-State-Zip: TAMPA FL 33647**Title** PRESIDENT
Name HAYES, JAMES
Address 9318 FAIRWAY LAKES CT.
City-State-Zip: TAMPA FL 33647**Title** TREASURER
Name LAVIN, LARRY W DR.
Address 9317 FAIRWAY LAKES CT.
City-State-Zip: TAMPA FL 33647**Title** VP
Name GOLDING, JOHN
Address 9332 FAIRWAY LAKES CT
City-State-Zip: TAMPA FL 33647**Title** VP
Name FINCHER, BOB
Address 9325 FAIRWAY LAKES CT.
City-State-Zip: TAMPA FL 33647**Title** VP
Name DAVIS, ROBERT
Address 9316 FAIRWAY LAKES CT
City-State-Zip: TAMPA FL 33647**Title** VICE PRESIDENT
Name NEWMAN, BILL
Address 9317 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: LARRY LAVIN**TREASURER****02/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date