

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003321

**FILED**  
**Mar 24, 2016**  
**Secretary of State**  
**CC1829600852**

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

**Current Principal Place of Business:**

ADVANCED MGMT OF SW FLORIDA, INC.  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

**Current Mailing Address:**

ADVANCED MGMT OF SW FLORIDA, INC.  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

**FEI Number:** 65-0602113

**Certificate of Status Desired:** No

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

ADVANCED MGMT OF SW FLORIDA, INC.  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202 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            FLORY, ROBERT  
Address        9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title            SD  
Name            CARTON, BARBARA  
Address        9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title            TREASURER/VICE PRESIDENT  
Name            GEROULD, WILLIAM  
Address        9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title            AS  
Name            WILSON, DOUGLAS E  
Address        9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title            DIRECTOR  
Name            TINDALL, DALE  
Address        9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title            DIRECTOR  
Name            KENT, DENTON  
Address        ADVANCED MGMT OF SW FLORIDA,  
                  INC.  
                  9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

*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:** DOUGLAS E WILSON

**ASSISTANT SECRETARY    03/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date