


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90243 021 ****61.25

DOCUMENT # 725604 1. Entity Name PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 18715 BENT TREE LANE TAMPA FL 33647 US		Mailing Address 15910 EAGLE RIVER WAY TAMPA FL 33624 US <u>Identification</u>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6393597 Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-1654230		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, THOMAS R EA 15910 EAGLE RIVER WAY TAMPA FL 33624			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERICKSON, CAROL 9003 PEBBLE CREEK DR TAMPA FL 33647-0117	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLICENT SEYMOUR 9111 CYPRESSWOOD CIRCLE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD GREENBAUM, BRIAN 9237 PEBBLE CREEK TAMPA FL 33647		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD KRUSA, VANCE 18510 PUTTERS PLACE TAMPA FL 33647		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD FELBER, JOHN 18820 TOURNAMENT TRAIL TAMPA FL 33647		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MARSH, ROBERT 9229 PEBBLE CREEK DR TAMPA FL 33647		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD ROGER KAISER 18501 PUTTERS PLACE TAMPA, FL 33647		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		VD RICKI DRAKE 9210 PEBBLE CREEK DR TAMPA, FL 33647	
D BETTY ANNE HOLSTON 9218 PEBBLE CREEK DR. TAMPA, FL 33647		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TD RICK ROBERTS 18505 PUTTERS PLACE TAMPA, FL 33647	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert E. Marsh* **ROBERT E. MARSH, TREAS.** *5/1/06* *813-973-0212*