

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725604

FILED
Apr 25, 2009
Secretary of State

Entity Name: PEBBLE CREEK VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

18715 BENT TREE LANE
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

19046 BRUCE B. DOWNS BLVD.
PMB 231
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-1654230 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARSH, ROBERT E
9229 PEBBLE CREEK DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOUGHTON, BETTY ANNE
Address: 9218 PEBBLE CREEK DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: HAYES, RALPH
Address: 18303 AINTREE COURT
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: BINA, JOSEPH
Address: 9231 PEBBLE CREEK DRIVE
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: VICKERS, ERIN
Address: 18306 PUTTERS PLACE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: CHMURA, STAN
Address: 18316 STURBRIDGE COURT
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: BRODARICK, MARION
Address: 9215 CYPRESSWOOD CIRCLE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VAN HOOZER, DAVID
Address: 9227 PEBBLE CREEK DRIVE
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MICHELETTI, THOMAS
Address: 9201 PEBBLE CREEK DRIVE
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change () Addition
Name: SPENCER, JANE
Address: 9232 PEBBLE CREEK DR
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID VAN HOOZER

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

Date