

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90055 030 ****61.25

DOCUMENT # 756235

1. Entity Name

**FAIRWAY VILLAS AT PEBBLE CREEK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**18818
18829 TOURNAMENT TRAIL
TAMPA FL 33647
S**

Mailing Address

**15910 EAGLE RIVER WAY
TAMPA FL 33627
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2315166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS R. SMITH, EA
15910 EAGLE RIVER WAY
TAMPA FL 33624**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, ALAN	
STREET ADDRESS	18829 TOURNAMENT TRAIL	
CITY - ST - ZIP	TAMPA FL 33647	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, EDWARD	
STREET ADDRESS	18804 TOURNAMENT TRAIL	
CITY - ST - ZIP	TAMPA FL 33647	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMPBELL, JAMES	
STREET ADDRESS	18811 TOURNAMENT TRAIL	
CITY - ST - ZIP	TAMPA FL 33647	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLAND, GWEN	
STREET ADDRESS	18809 TOURNAMENT TRAIL	
CITY - ST - ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, BRIAN	
STREET ADDRESS	18818 TOURNAMENT TR.	
CITY - ST - ZIP	TAMPA, FL 33647	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, GLORIA	
STREET ADDRESS	18813 TOURNAMENT TR.	
CITY - ST - ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Gwen Holland GWEN HOLLAND

02-03-07

813-907-5346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone #