

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90016 048 ****61.25

DOCUMENT # 756235

1. Entity Name

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



Principal Place of Business

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

1st MOORE

CR2E037 (10/07)

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 **Brian Alderman**

Street Address (P.O. Box Number is Not Acceptable)
110 CASH DR

City **Seffner**

FL

Zip Code
33584

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 *W. Bryan Alderman President*

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, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP	
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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: *W. Bryan Alderman W. Bryan Alderman President 2-8-08*