

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756235

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: FAIRWAY VILLAS AT PEBBLE CREEK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18829 TOURNAMENT TRAIL  
TAMPA, FL 33647 S

**New Principal Place of Business:**

**Current Mailing Address:**

15910 EAGLE RIVER WAY  
TAMPA, FL 33627 US

**New Mailing Address:**

FEI Number: 59-2315166      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALDERMAN, BRIAN  
110 CASH DR.  
SEFFNER, FL 33584 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: ALDERMAN, BRIAN  
Address: 18818 TOURNAMENT TR.  
City-St-Zip: TAMPA, FL 33647

Title: VPD ( ) Delete  
Name: LANG, GLORIA  
Address: 18813 TOURNAMENT TR.  
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete  
Name: CAMPBELL, JAMES  
Address: 18811 TOURNAMENT TRAIL  
City-St-Zip: TAMPA, FL 33647

Title: TD ( ) Delete  
Name: HOLLAND, GWEN  
Address: 18809 TOURNAMENT TRL  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: THOMAS R. SMITH

RA

02/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date