

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90001 027 \*\*\*\*61.25

**DOCUMENT # 761671**

1. Entity Name

PEBBLE CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

4273 RIVER CHASE  
TALLAHASSEE FL 32309  
US

Mailing Address

4273 RIVER CHASE  
TALLAHASSEE FL 32309  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2293766

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NASH, J  
3652 SHAMROCK WEST  
TALLAHASSEE FL 32308

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, 2005**

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	COLLMAN, JERALD	
STREET ADDRESS	3420 JONATHAN'S LANDING	
CITY- ST- ZIP	TALLAHASSEE FL 32309	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JONES, DICK	
STREET ADDRESS	4283 RIVER CHASE	
CITY- ST- ZIP	TALLAHASSEE FL 32309	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LONG, CAROLE W	
STREET ADDRESS	3320 PIPING ROCK	
CITY- ST- ZIP	TALLAHASSEE FL 32309	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROBLETO, MICHELLE	
STREET ADDRESS	3437 JONATHON'S LANDING	
CITY- ST- ZIP	TALLAHASSEE FL 32309	
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		<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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REID MOON	
STREET ADDRESS	3431 JONATHAN'S LANDING	
CITY- ST- ZIP	TALLAHASSEE FL 32309	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUANNE GOOD	
STREET ADDRESS	3308 PIPING ROCK	
CITY- ST- ZIP	TALLAHASSEE FL 32309	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: *Carole W. Long* CAROLE W. LONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/05 850-893-2293

Date Daytime Phone #