

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90002 044 ****61.25

DOCUMENT # N00000004679 1. Entity Name PEBBLE CREEK AT DAVIE HOMEOWNER'S ASSOCIATION, INC.																																																																																																																											
Principal Place of Business 2001 SW 100TH TERRACE MIRAMAR, FL 33025		Mailing Address 2001 SW 100TH TERRACE MIRAMAR, FL 33025																																																																																																																									
2. Principal Place of Business 12060 SW 19 COURT Suite, Apt. #, etc.		3. Mailing Address 12060 SW 19 COURT Suite, Apt. #, etc.																																																																																																																									
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Country USA		Country USA																																																																																																																									
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent UDELL, MICHAEL B 5745 S UNIVERSITY DR DAVIE, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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: <u><i>Joan Sherrod, President</i></u> DATE: <u>4-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Joan Sherrod, President</i></u> DATE: <u>4-20-05</u> DAYTIME PHONE #: <u>954-448-0214</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																											