

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004679

**FILED**  
**Oct 17, 2006**  
**Secretary of State**

**Entity Name:** PEBBLE CREEK AT DAVIE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

12060 SW 19 COURT  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

12060 SW 19 COURT  
DAVIE, FL 33325

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

UDELL, MICHAEL B  
5745 S UNIVERSITY DR  
DAVIE, FL 33328 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: MICHAEL B UDELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHERROD, JOAN ELSBETH  
Address: 12060 SW 19 COURT  
City-St-Zip: DAVIE, FL 33325

Title: T ( ) Delete  
Name: MASSA, SHANNON  
Address: 11960 SW 19 COURT  
City-St-Zip: DAVIE, FL 33325

Title: S ( ) Delete  
Name: CHUNG, SUZANNE  
Address: 12020 SW 19 COURT  
City-St-Zip: DAVIE, FL 33325

Title: VP ( ) Delete  
Name: MEJIA, JUAN  
Address: 11980 SW 19 COURT  
City-St-Zip: DAVIE, FL 33325

**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 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: JOAN ELSBETH SHERROD

P

10/17/2006

Electronic Signature of Signing Officer or Director

Date