
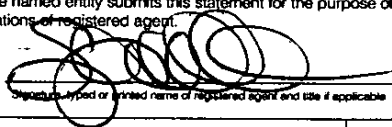
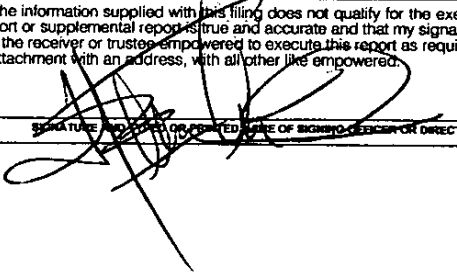


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 039 ****61.25

DOCUMENT # N00785 1. Entity Name PEBBLE CREEK VILLAS OWNERS ASSOCIATION, INC.					
Principal Place of Business 3973 NW 28TH LANE GAINESVILLE, FL 32606-6695				Mailing Address 4623 NW 53 AVE GAINESVILLE, FL 32606 US	
2. Principal Place of Business - No P.O. Box # 901 NW 8th Avenue		3. Mailing Address 901 NW 8th Avenue			
Suite, Apt. #, etc. Suite A-6		Suite, Apt. #, etc. Suite A-6			
City & State Gainesville, FL		City & State Gainesville, FL			
Zip 32601		Country Alachua		Zip 32601	
Country Alachua		4. FEI Number 59-2414598			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NAUTILUS ASSOCIATION MGT LLC 4623 NW 53 AVE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Sally Ann Wilson Street Address (P.O. Box Number is Not Acceptable) c/o Sun Lu Properties, Inc. 901 NW 8th Avenue, Suite A-6 City Gainesville FL Zip Code 32601		
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  4-27-07 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TJAM, FRANCISCA 3927 N.W. 29 LANE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWSOME, IRENE 3933 NW 27 LANE GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUELLER, ROBERT 3936 NW 29 LANE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, THOMAS 2441 NW 43 ST 26B GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, THOMAS 2441 NW 43rd STREET Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Alison Bawden 2712 NW 39th Drive 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cindy Capen 3961 NW 27th Lane Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  FRANCISCA TJAM 4/27/07 <small>SIGNATURE OF OFFICER OR DIRECTOR OF SIGNING OFFICER OR DIRECTOR</small>					