


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90021 050 ****61.25

DOCUMENT # N00785 1. Entity Name PEBBLE CREEK VILLAS OWNERS ASSOCIATION, INC.					
Principal Place of Business 5522 NW 43 ST. B GAINESVILLE, FL 32653			Mailing Address 901 NW 8TH AVE A-6 GAINESVILLE, FL 32601 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5522 NW 43 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE B			
City & State		City & State GAINESVILLE, FL			
Zip	Country	Zip 32653	Country U.S.	4. FEI Number 59-2414598	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, SALLY A C/O SUN LU PROPERTIES INC 901 NW 8TH AVE STE A-6 GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name DEBBIE HOUDERSHETT Street Address (P.O. Box Number is Not Acceptable) 40 BOSSHARDT PROPERTY MANAGEMENT 5522-B NW 43 ST. City GAINESVILLE FL 32653		
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>Debbie Houdershett</i></u> Debbie Houdershett <u>4/16/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	Joan Van Winkle-D 3969 NW 27 Lane Gainesville, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWSOME, IRENE 3933 NW 27TH LN GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYNARD, HISS 2735 NW 39 DRIVE GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, THOMAS 2441 NW 43 ST 26B GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAWDEN, ALISON 2712 NW 39TH DR GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPEN, CINDY 3961 NW 27TH LN GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u><i>Thomas Turner</i></u> THOMAS TURNER			<u>4/14/08</u> 352-240-2713 <small>Date Daytime Phone #</small>		

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