

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00785

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** PEBBLE CREEK VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5522 NW 43 ST.  
B  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

5522 NW 43 ST  
STE B  
GAINESVILLE, FL 32653 US

**New Mailing Address:**

**FEI Number:** 59-2414598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOUDERSHELT, DEBBIE  
C/O BOSSHARDT PROPERTY MANAGEMENT  
5522-B NW 43 ST  
GAINESVILLE, FL 32653 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: TJIAM, FRANCISCA  
Address: 3927 N.W. 29 LANE  
City-St-Zip: GAINESVILLE, FL 32606

Title: SD ( ) Delete  
Name: NEWSOME, IRENE  
Address: 3933 NW 27TH LN  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: VAN WINKLE, JOAN  
Address: 3969 NW 27 LANE  
City-St-Zip: GAINESVILLE, FL 32606

Title: PD ( ) Delete  
Name: TURNER, THOMAS  
Address: 2441 NW 43 ST 26B  
City-St-Zip: GAINESVILLE, FL 32606

Title: DVP ( ) Delete  
Name: BAWDEN, ALISON  
Address: 2712 NW 39TH DR  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: CAPEN, CINDY  
Address: 3961 NW 27TH LN  
City-St-Zip: GAINESVILLE, FL 32606

**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:

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 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: THOMAS TURNER

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date