

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N15384**

1. Entity Name  
PEBBLE CREEK OFFICE CONDOMINIUM ASSN., INC.



Principal Place of Business  
2811 NW 41 ST STE A  
2811 NW 41ST. ST., SUITE A  
GAINESVILLE, FL 32606-6649

Mailing Address  
2811 NW 41 ST STE A  
2811 NW 41ST. ST., SUITE A  
GAINESVILLE, FL 32606-6649



04152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2726221

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCARBOROUGH, EARL M.  
2811 NW 41 ST STE A  
SUITE A  
GAINESVILLE, FL 32606

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SCARBOROUGH, EARL M.
STREET ADDRESS	2811 NW 41 ST STE A
CITY- ST- ZIP	GAINESVILLE, FL
TITLE	VD
NAME	THOMPSON, DOUGLAS H.
STREET ADDRESS	2811 N W 41 ST STE C
CITY- ST- ZIP	GAINESVILLE, FL
TITLE	STD
NAME	SCARBOROUGH, RICHARD E.
STREET ADDRESS	2811 NW 41 ST STE A
CITY- ST- ZIP	GAINESVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000917582  
05/13/08-80046-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

352-377-3002

Daytime Phone #