

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17348

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** PEBBLE CREEK HOMEOWNERS ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

**Current Principal Place of Business:**

18715 BENT TREE LANE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

C/O UNIVERSITY PROPERTIES, INC.  
7001 TEMPLE TERRACE HWY.  
TEMPLE TERRACE, FL 33637

**New Mailing Address:**

**FEI Number:** 59-2754231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUARTE, ANTONIO  
6221 LAND O' LAKES BLVD.  
LAND O' LAKES, FL 34638 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: VPD  
Name: LOGAN, DANIEL  
Address: 18505 COUNTRY CREST PLACE  
City-St-Zip: TAMPA, FL 33647

Title: DT  
Name: GILMORE, BOB  
Address: 18909 EDINBOROUGH  
City-St-Zip: TAMPA, FL 33647

Title: SD  
Name: LINTS, TIGE  
Address: 18511 COUNTRY CREST PLACE  
City-St-Zip: TAMPA, FL 33647

Title: PD  
Name: DUDLEY, JOSPEH  
Address: 18513 FIELD CLUB  
City-St-Zip: TAMPA, FL 33647

Title: 2VP  
Name: BILLINGS, SHANE  
Address: 9901 CYPRESS SHADOW  
City-St-Zip: TAMPA, FL 33647

I hereby 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 all other like empowered.

SIGNATURE: ANGELA HESTER

LCAM

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date