

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25907

FILED
Feb 10, 2008
Secretary of State

Entity Name: ST. ANDREWS OF PEBBLE CREEK VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9329 FAIRWAY LAKES CT
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

9329 FAIRWAY LAKES CT
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-2927534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, GAIL
9329 FAIRWAY LAKES CT
TAMPA, FL 33647 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: PD () Delete
Name: WILSON, JACK
Address: 9317 FAIRWAY LAKES CT.
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: THOMAS, GAIL
Address: 9329 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: HAYES, JAMES
Address: 9318 FAIRWAY LAKES CT.
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: SMITH, IRA
Address: 9330 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

Title: SC () Delete
Name: JOHNSON, CHARLES B
Address: 9336 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

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: SD (X) Change () Addition
Name: SMITH, IRA
Address: 9330 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

Title: VPD (X) Change () Addition
Name: TOTH, GEORGE MD
Address: 9316 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

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: GAIL THOMAS

TD

02/10/2008

Electronic Signature of Signing Officer or Director

Date