


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

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90016 042 ****61.25

DOCUMENT # N97000003164 1. Entity Name PEBBLE CREEK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1801 COOK AVE. ORLANDO, FL 32806	Mailing Address 1801 COOK AVE. ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE

04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3498607	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASHER, STEVEN D 1801 COOK AVE. ORLANDO, FL 32806
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIVERA, ALICE 1343 HEATHER LAKE DR. ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIVERA, NANCY 1361 IVY MEADOW DR. ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVERA, ALICE 1343 HEATHER LAKE DR ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Alise Rivera* **4/24/08 407-855-7057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #