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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732091 (4)

1. Corporation Name
PEBBLE BEACH VILLAS, INC.



Principal Place of Business		Mailing Address	
5100 NORTH A1A P.O. BOX 3789 VERO BEACH FL 32964-0489		PEBBLE BEACH VILLAS, INC. 333-17TH ST., STE 2-R VERO BEACH FL 32960 US	
21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	22	27	27
	City & State		City & State
23	23	28	28
	Zip		Country
24	24	29	30
	Country		Country

3. Date Incorporated or Qualified
03/10/1975

4. FEI Number
59-1646626

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

REXFORD, SARA
333 17TH STREET
SUITE 2-R
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	VAN NOSTRAND, ROY
STREET ADDRESS	5100 N A1A APT 33D
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	HILL, ANITA
STREET ADDRESS	5100 NO A1A STE G5646
CITY-ST-ZIP	VERO BECH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	IVES, PAUL
STREET ADDRESS	5100 N A1A/APT #G56
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RIETH, GERALD
STREET ADDRESS	5100 NO A1A
CITY-ST-ZIP	VERO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOYLE, ROBERT <i>same</i>
STREET ADDRESS	5100 N A1A/APT #B16
CITY-ST-ZIP	VERO BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BROOKS, OWEN <i>same</i>
STREET ADDRESS	5100 NO A-1-A, STE C29
CITY-ST-ZIP	VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fisher, Robert
1.3 STREET ADDRESS	5100 N. A-1-A, #C-24
1.4 CITY-ST-ZIP	VERO BEACH, Florida 32963
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kennedy, Helen
2.3 STREET ADDRESS	5100 N A-1-A, #B-16
2.4 CITY-ST-ZIP	VERO BEACH, F. 32963
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ives, Paul
3.3 STREET ADDRESS	5100 N A1A #G56
3.4 CITY-ST-ZIP	VERO BEACH, FL 32963
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Eschenbach, Dorothy
4.3 STREET ADDRESS	5100 N. A-1-A, #C-24
4.4 CITY-ST-ZIP	VERO BEACH, FL. 32963
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Karalis, Virginia
5.3 STREET ADDRESS	5100 N A1A #A6
5.4 CITY-ST-ZIP	VERO BEACH, FL 32963
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature) 2-13-98 561-567-70

CR2E037 (10/97)