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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732091

1. Corporation Name
PEBBLE BEACH VILLAS, INC.

Principal Place of Business: 5100 NORTH A1A, VERO BEACH FL 32963
 Mailing Address: C/O ELLIOT MERRILL COMMUNITY MANAGEMENT, 1105 12TH ST., VERO BEACH FL 32960, US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/10/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1646626
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REXFORD, SARA 333 17TH STREET SUITE 2-R VERO BEACH FL 32960	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, ROBERT	1.2 NAME	Fisher, Robert
STREET ADDRESS	5100 N A1A #C24	1.3 STREET ADDRESS	5100 N. A1A #C24
CITY-ST-ZIP	VERO BCH, FL 00000 32963	1.4 CITY-ST-ZIP	VERO Beach, FL 32963
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, HELEN	2.2 NAME	Karalis, Virginia
STREET ADDRESS	5100 N A1A B-14	2.3 STREET ADDRESS	5100 N A1A #C25
CITY-ST-ZIP	VERO BECH FL 32963	2.4 CITY-ST-ZIP	VERO Beach, FL 32963
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVES, PAUL	3.2 NAME	Lang, Robert
STREET ADDRESS	5100 N A1A #G 56	3.3 STREET ADDRESS	5100 N A1A #C31
CITY-ST-ZIP	VERO BCH, FL 00000 32963	3.4 CITY-ST-ZIP	VERO Beach, FL 32963
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESCHENBACH, DORTHY	4.2 NAME	McCauley, Frank
STREET ADDRESS	5100 NORTH A1A F-61	4.3 STREET ADDRESS	505 Beachland Blvd
CITY-ST-ZIP	VERO BEACH FL 32963	4.4 CITY-ST-ZIP	VERO Beach, FL 32963
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	BOYLE, ROBERT	5.2 NAME	
STREET ADDRESS	5100 N A1A/APT #B16	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BROOKS, OWEN	6.2 NAME	
STREET ADDRESS	5100 NO A-1-A, STE C29	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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, with all other like empowered.

SIGNATURE: _____ DATE: 3/12/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)