

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90100 018 ****61.25

DOCUMENT # 732091

1. Entity 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 32960-3718
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1646626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Karen L Merrill
 Street Address (P.O. Box Number is Not Acceptable) Elliot Merrill Community mgmt
1105 12th Street
 City Vero Beach FL Zip Code 32960

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.

SIGNATURE

Karen L Merrill

3/31/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FISHER, ROBERT	
STREET ADDRESS	5100 N A1A #C24	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, HELEN	
STREET ADDRESS	5100 N A1A B-14	
CITY-ST-ZIP	VERO BECH FL 32963	
TITLE	PD	<input type="checkbox"/> Delete
NAME	IVES, PAUL	
STREET ADDRESS	5100 N A1A #G 56	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANG, ROBERT	
STREET ADDRESS	5100 N A1A #C31	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAULEY, FRANK	
STREET ADDRESS	505 BCH LAND BLVD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROOKS, OWEN	
STREET ADDRESS	5100 NO A-1-A, STE C29	
CITY-ST-ZIP	VERO BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Veloz	
STREET ADDRESS	5100 N. A1A #651	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph King	
STREET ADDRESS	5100 N A1A # A6	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Frank McCauley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00 (56) 231-9231

CR2E037 (9/99)