

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 8: 31

DOCUMENT # **746121** (3)

1. Corporation Name

PEBBLE BEACH VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 1221
FLAGLER BCH FL 32136-1006

P O BOX 1221
FLAGLER BCH FL 32136-1006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/01/1979** 3a. Date of Last Report **07/15/1994**

4. FEI Number **59-2206554** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARFIELD DAVID W
14 WINDSONG COVE
FLAGLER BEACH FL 32136**

81 Name **James Kimbrough**
82 Street Address (P.O. Box or Mailing Address) **10 Windsong Cove**

83 **Flagler Beach**

84 City **Flagler Beach** FL 85 Zip Code **32136**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE *James L Kimbrough*
Signature, typed or printed name of registered agent and also if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/12/95**

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **CLAIR, ROBERT**
STREET ADDRESS **56 PEBBLE BEACH CIR., BOX 2192 N/A**
CITY - ST - ZIP **FLAGLER BEACH FL**

TITLE **VD**
NAME **FARMER, DAN**
STREET ADDRESS **7 WINDSONG COVE**
CITY - ST - ZIP **FLAGLER BEACH FL**

TITLE **TD**
NAME **GARFIELD, DAVID**
STREET ADDRESS **14 WINDSONG COVE**
CITY - ST - ZIP **FLAGLER BCH. FL**

TITLE **D**
NAME **VICKERS, BETTY**
STREET ADDRESS **74 BEACHWOOD DR.**
CITY - ST - ZIP **FLAGLER BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition
1.2 NAME **James Kimbrough**
1.3 STREET ADDRESS **10 Windsong Cove**
1.4 CITY - ST - ZIP **Flagler Beach, Fl. 32136**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **VPD** Change Addition
3.2 NAME **William Askew**
3.3 STREET ADDRESS **6 WINDSONG COVE**
3.4 CITY - ST - ZIP **Flagler Beach, Fl. 32136**

4.1 TITLE **TD** Change Addition
4.2 NAME **Carol J. Soleim**
4.3 STREET ADDRESS **71 Beachwood Drive**
4.4 CITY - ST - ZIP **Flagler Beach, Fl. 32136**

5.1 TITLE **SD** Change Addition
5.2 NAME **McCain, Rob**
5.3 STREET ADDRESS **5 Windsong Cove**
5.4 CITY - ST - ZIP **Flagler Beach, Fl. 32136**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James L Kimbrough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James Kimbrough

DATE **4/12/95** **904-439-5801**