

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 746121 (3)**  
 1. Corporation Name

**PEBBLE BEACH VILLAGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
 P O BOX 1221  
 FLGLER BCH FL 32136-1006

Mailing Address  
 P O BOX 1221  
 FLGLER BCH FL 32136-1006



2. Principal Place of Business  
 21 [ ]  
 Suite, Apt. #, etc. 22 [ ]  
 City & State 23 [ ]  
 Zip 24 [ ] Country 25 [ ]

2a. Mailing Address  
 26 [ ]  
 Suite, Apt. #, etc. 27 [ ]  
 City & State 28 [ ]  
 Zip 29 [ ] Country 30 [ ]

3. Date Incorporated or Qualified **03/01/1979** 3a. Date of Last Report **05/01/1995**

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**

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

9. Name and Address of Current Registered Agent  
**KIMBROUGH, JAMES**  
**10 WINDSONG COVE**  
**FLGLER BEACH FL 32136**

10. Name and Address of New Registered Agent  
 81 Name **GARFIELD, ANN**  
 82 Street Address (P.O. Box Number is Not Acceptable) **14 WINDSONG COVE**  
 83 **FLGLER BCH**  
 84 City **FLGLER BEACH** FL 85 Zip Code **32136**

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

6/19/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KIMBROUGH, JAMES	
STREET ADDRESS	10 WINDSONG COVE	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FARMER, DAN	
STREET ADDRESS	7 WINDSONG COVE	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GARFIELD, DAVID	
STREET ADDRESS	14 WINDSONG COVE	
CITY-ST-ZIP	FLGLER BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VICKERS, BETTY	
STREET ADDRESS	74 BEACHWOOD DR.	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ASKEW, WILLIAM	
STREET ADDRESS	6 WINDSONG COVE	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCAIN, ROB	
STREET ADDRESS	5 WINDSONG COVE	
CITY-ST-ZIP	FLGLER BACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARFIELD ANN	
1.3 STREET ADDRESS	14 WINDSONG COVE	
1.4 CITY-ST-ZIP	FLGLER BEACH, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OLIVATI MARY	
2.3 STREET ADDRESS	20 SUNSET COVE	
2.4 CITY-ST-ZIP	FLGLER BEACH, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CROWLEY JOAN	
3.3 STREET ADDRESS	20 SUNSET COVE	
3.4 CITY-ST-ZIP	FLGLER BEACH, FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HILLER PAMELA	
4.3 STREET ADDRESS	3 WINDSONG COVE	
4.4 CITY-ST-ZIP	FLGLER BEACH, FL.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)