

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 01 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/01/1979</b>	3a. Date of Last Report <b>06/25/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>59-2206554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GARFIELD, ANN**  
**14 WINDSONG COVE**  
**FLGLER BEACH FL 32316**

10. Name and Address of New Registered Agent

81 Name <b>JAMES STAPLES</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>69 BEACHWOOD DRIVE</b>
83
84 City <b>FLAGLER BEACH</b>
85 Zip Code <b>FL 32136</b>

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: *James Staples* DATE: **7-29-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARFIELD, ANN	
STREET ADDRESS	14 WINDSONG COVE	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	OLIVATT, MARY	
STREET ADDRESS	20 SUNSET COVE	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CROWLEY, JOAN	
STREET ADDRESS	28 SUNSET COVE	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILLER, PAMELA	
STREET ADDRESS	3 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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES STAPLES	
1.3 STREET ADDRESS	69 BEACHWOOD DR.	
1.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROB MCCAIN	
2.3 STREET ADDRESS	5 WINDSONG COVE	
2.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JANET BELLES	
3.3 STREET ADDRESS	14 SUNSET COVE	
3.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LINDA SCOTT	
4.3 STREET ADDRESS	735 MORIDANS DR. N.E.	
4.4 CITY-ST-ZIP	ATLANTA, GA. 30392	
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 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: *James Staples* DATE: **7-29-97** **91A-429-498P**

CR2E037 (4/97)