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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 FLAGLER BCH FL 32136-1006	Mailing Address P O BOX 1221 FLAGLER BCH FL 32136-1006
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3. Date Incorporated or Qualified 03/01/1979	
4. FEI Number 59-2206554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	

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

9. Name and Address of Current Registered Agent
**STAPLES, JAMES
69 BEACHWOOD DRIVE
FLAGLER BEACH FL 32136**

10. Name and Address of New Registered Agent
**81 Name JAMES E. NICHOLS
82 Street Address (P.O. Box Number is Not Acceptable) 17 SUNSET COVE
83
84 City FLAGLER 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 *James E. Nichols* **PRESIDENT (JAMES E. NICHOLS)** **3-24-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GARFIELD, ANN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD
NAME			1.2 NAME JAMES NICHOLS JAMES E
STREET ADDRESS	14 WINDSONG COVE		1.3 STREET ADDRESS 17 SUNSET COVE
CITY-ST-ZIP	FLAGLER BEACH FL		1.4 CITY-ST-ZIP FLAGLER BEACH FL 32136
TITLE VD	OLVATT, MARY	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD
NAME			2.2 NAME EATON, KENNETH
STREET ADDRESS	20 SUNSET COVE		2.3 STREET ADDRESS 52 PEBBLE BEACH CIRCLE
CITY-ST-ZIP	FLAGLER BEACH FL		2.4 CITY-ST-ZIP FLAGLER BEACH FL 32136
TITLE TD	CROWLEY, JOAN	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD
NAME			3.2 NAME SCOTT, LINDA
STREET ADDRESS	28 SUNSET COVE		3.3 STREET ADDRESS 15 SUNSET COVE
CITY-ST-ZIP	FLAGLER BEACH FL		3.4 CITY-ST-ZIP FLAGLER BEACH FL 32136
TITLE D	HILLER, PAMELA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD
NAME			4.2 NAME ROUNTREE, WYCLIFFE
STREET ADDRESS	3 WINDSONG COVE		4.3 STREET ADDRESS 47 PEBBLE BEACH CIRCLE
CITY-ST-ZIP	FLAGLER BEACH FL		4.4 CITY-ST-ZIP FLAGLER BEACH FL 32136
TITLE SD	MCCAIN, ROB	<input checked="" type="checkbox"/> DELETE	5.1 TITLE SD
NAME			5.2 NAME BELLES, JANET
STREET ADDRESS	5 WINDSONG COVE		5.3 STREET ADDRESS 16 SUNSET COVE
CITY-ST-ZIP	FLAGLER BACH FL		5.4 CITY-ST-ZIP FLAGLER BEACH FL 32136
TITLE P	STAPLES, JAMES	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS	69 BEACHWOOD DR		6.3 STREET ADDRESS
CITY-ST-ZIP	FLAGLER 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.

SIGNATURE: *James E. Nichols* **PRESIDENT (JAMES E. NICHOLS)** **3-24-98** **904-439-0327**

CR2E037 (10/97)