

FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90151 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746121

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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219953-90151-39

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/01/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2206554
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NICHOLS, JAMES E 17 SUNSET COVE FLGLER BEACH FL 32136	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City

FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, JAMES E	1.2 NAME	
STREET ADDRESS	17 SUNSET COVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, KENNETH	2.2 NAME	
STREET ADDRESS	52 PEBBLE BEACH CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, LINDA	3.2 NAME	
STREET ADDRESS	15 SUNSET COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUNTREE, WYCLIFF	4.2 NAME	
STREET ADDRESS	47 PEBBLE BEACH CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLES, JANET	5.2 NAME	
STREET ADDRESS	16 SUNSET COVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BACH FL 32136	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 03-10-99 Daytime Phone #: 904-439-3318

CR2E037 (1/98)