

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 08, 2000 8:00 am
Secretary of State

04-06-2000 90043 015 ****61.25

DOCUMENT # 746121

1. Entity 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 32136-1221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2206554

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NICHOLS, JAMES E
17 SUNSET COVE
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name Wycliffe V. Rountree, Jr.
 Street Address (P.O. Box Number is Not Acceptable) 47 Pebble Beach Circle
 City Flagler Beach, FL Zip Code 32136

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Wycliffe V. Rountree, Jr. Wycliffe V. Rountree, Jr., President 3/13/2000
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NICHOLS, JAMES E	
STREET ADDRESS	17 SUNSET COVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EATON, KENNETH	
STREET ADDRESS	52 PEBBLE BEACH CIR	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, LINDA	
STREET ADDRESS	15 SUNSET COVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROUNTREE, WYCLIFF	
STREET ADDRESS	47 PEBBLE BEACH CIR	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELLES, JANET	
STREET ADDRESS	16 SUNSET COVE	
CITY-ST-ZIP	FLAGLER BACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice-president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nichols, James E.	
STREET ADDRESS	17 sunset cove	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	(D)
TITLE	Vice-president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Vath	
STREET ADDRESS	301 N. Flagler Ave.	
CITY-ST-ZIP	Flagler Beach, FL 32136	(D)
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Paradysz	
STREET ADDRESS	39 Pebble Beach Circle	
CITY-ST-ZIP	Flagler Beach, FL 32136	(D)
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rountree, Wycliffe	
STREET ADDRESS	47 Pebble Beach Cir	
CITY-ST-ZIP	Flagler Beach FL 32136	(D)
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Belles, Janet	
STREET ADDRESS	16 sunset cove	
CITY-ST-ZIP	Flagler Beach FL 32136	(D)
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	These are the five	
STREET ADDRESS	Directors for 2000.	
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wycliffe V. Rountree, Jr. Wycliffe V. Rountree, Jr. 3/13/2000 904-439-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)