

**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 # 748081 (7)
1. Corporation Name
PEBBLE COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **3833 S. BANANA RIVER BLVD. COCOA BEACH FL 32931**
Mailing Address: **3833 S. BANANA RIVER BLVD. COCOA BEACH FL 32931**

3. Date Incorporated or Qualified: **07/16/1979**
3a. Date of Last Report: **05/23/1995**

2. Principal Place of Business: **21 SAME AS ABOVE**
2a. Mailing Address: **26 SAME AS ABOVE**
22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.:
23 City & State:
28 City & State:
24 Zip: Country:
25 Zip: Country:
29 Zip: Country:
30 Zip: Country:

4. FEI Number: **59-2246612**
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
~~SCHLOULT, CHRIS
3833 S. BANANA RIVER BLVD.
UNIT 101
COCOA BEACH FL 32931~~ **(DELETE)**

10. Name and Address of New Registered Agent
81 Name: **CAPUTO, BRUNO**
82 Street Address (P.O. Box Number is Not Acceptable): **3833 S. BANANA RIV. BLVD. UNIT 301**
83 City: **COCOA BCH** FL 85 Zip Code: **32931**

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: **BRUNO G. CAPUTO - Bruno G. Caputo** **PRESIDENT** **6-8-96**
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAPUTO, BRUNO	
STREET ADDRESS	3833 BANANA RIVER BLVD 301	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LASCHA, GLORIA	
STREET ADDRESS	3833 S BANAN RIVER BLVD 403	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HENDRIX, WILLIAM	
STREET ADDRESS	3833 S BANANA RVR BLVD U302	
CITY-ST-ZIP	COCOA BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHLOUPT, CHRIS	
STREET ADDRESS	3833 S BANANA RVR BLVD U101	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	DIR	<input type="checkbox"/> DELETE
NAME	FLORENCE TOSH	
STREET ADDRESS	3833 S. BANANA RIV. BLVD # 305	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE	DIR.	<input type="checkbox"/> DELETE
NAME	DENNIS CASCELLA	
STREET ADDRESS	3833 S. BANANA RIV. BLVD # 303	
CITY-ST-ZIP	COCOA BCH FL 32931	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIR. JO ANNE NEHER
1.3 STREET ADDRESS	3833 S. BANANA RIV. BLVD # 404
1.4 CITY-ST-ZIP	COCOA BCH, FL 32931
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: **BRUNO G. CAPUTO** **PRESIDENT** **6-8-96** **407-783-1930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)