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Secretary of State

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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 # 748081

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/16/1979
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2246612
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent

HOLZINGER, JIM
 3833 S BANANA RIVER BLVD
 UNIT 304
 COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 Holzinger *James Holzinger* DATE: 2-25-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOLZINGER, JIM	
STREET ADDRESS	3833 S BANANA RIVER BLVD, #304	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FULLER, ANN	
STREET ADDRESS	3833 S BANANA RIVER BLVD, #202	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ORSINI, SUE	
STREET ADDRESS	3833 S BANANA RIVER BLVD, #205	
CITY-ST-ZIP	COCOA BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOANNE NEHER	
STREET ADDRESS	3833 S. BANANA RIVER BLVD. #404	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORSINI, LOU	
STREET ADDRESS	3833 S BANANA RIVER BLVD, #205	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTMAN, ED	
STREET ADDRESS	3833 S BANANA RIVER BLVD, #402	
CITY-ST-ZIP	COCOA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ORSINE, SUE
3.3 STREET ADDRESS	3833 S BANANA RIVER BLVD #205
3.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Betty Cascella
4.3 STREET ADDRESS	3833 S Banana Riv. Blvd. # 303
4.4 CITY-ST-ZIP	Cocoa Bch. Fl.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Patti Caputo
5.3 STREET ADDRESS	3833 S. Banana Riv. Blvd # 301
5.4 CITY-ST-ZIP	Cocoa Bch. Fl.
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 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: Jim Holzinger *Jim Holzinger* DATE: 2-25-99 DAYTIME PHONE #: 407-636-2211 EXT. 554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25037 (11/98)