

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:12

DOCUMENT # **N29844** (0)

1. Corporation Name

PEBBLE EAST TOWNHOMES HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business Mailing Address
26366 NADIR ROAD 4055 TAMIAMI TRAIL
P.O. BOX 596 #14
MURDOCK FL 33909 PT. CHARLOTTE FL 33952
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1988 3a. Date of Last Report 06/01/1994
4. FEI Number 65-0095260 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASWELL, VERN
4055 TAMIAMI, TRAIL #14
PT. CHARLOTTE FL 33952

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Vern Caswell
Signature, typed or printed name of registered agent and title if applicable

Vern Caswell, Manager
(NOTE: Registered Agent signature required when reinstating)

14 Jan 95
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUDSON, BETTE
STREET ADDRESS	26396 NADIR RD 508
CITY- ST- ZIP	PT CHARLOTTE FL
TITLE	VPD
NAME	SCHOENHERR, RALPH
STREET ADDRESS	P O BOX 2761
CITY- ST- ZIP	SURF CITY NC
TITLE	SD
NAME	DODD, TOM
STREET ADDRESS	26356 NADIR RD 101
CITY- ST- ZIP	PT CHARLOTTE FL
TITLE	TD
NAME	HILL, GINGER
STREET ADDRESS	40007 FT KING RD #16
CITY- ST- ZIP	DADE CITY FL
TITLE	D
NAME	WALL, JOHN
STREET ADDRESS	12 BARBARA RD
CITY- ST- ZIP	WALPOLE MA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	Ralph Schoenherr
2.4 CITY- ST- ZIP	PO Box 2761 N/A Surf City NC
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 110.07(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: *Bette Hudson* Bette Hudson 1-20-95 (813) 745-0164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)