

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N29844** (0)

PEBBLE EAST TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 12/21/1988
3a. Date of Last Report: 02/16/1995
4. FEI Number: 65-0095260
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

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

9. Name and Address of Current Registered Agent: CASWELL, VERN, 4055 TAMiami, TRAIL #14, PT. CHARLOTTE FL 33952

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address; 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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 617.003, Florida Statutes.

SIGNATURE: *V. Caswell*
Signature of person who is authorized to sign and file this report

15 Jan 96
Date

12. OFFICERS AND DIRECTORS

11. TITLE	PD	<input type="checkbox"/> DELETE
12. NAME	HUDSON, BETTE	
13. STREET ADDRESS	26396 NADIR RD 508	
14. CITY, ST, ZIP	PT CHARLOTTE FL	
21. TITLE	TD	<input type="checkbox"/> DELETE
22. NAME	SCHOENHERR, RALPH	
23. STREET ADDRESS	PO BOX 2761 N/A	
24. CITY, ST, ZIP	SURF CITY NC	
31. TITLE	SD	<input type="checkbox"/> DELETE
32. NAME	DODD, TOM	
33. STREET ADDRESS	26356 NADIR RD 101	
34. CITY, ST, ZIP	PT CHARLOTTE FL	
41. TITLE	D	<input type="checkbox"/> DELETE
42. NAME	WALL, JOHN	
43. STREET ADDRESS	12 BARBARA ROAD	
44. CITY, ST, ZIP	WALPOLE MA	
51. TITLE		<input type="checkbox"/> DELETE
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS 1-12

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	Don Porter	
53. STREET ADDRESS	5 Hunt Street	
54. CITY, ST, ZIP	Roxbury CT 06853	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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: *Bette Hudson* Bette Hudson 1/23/96 743-0164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date - Price #

CR2E037 (12/95)