

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 22 1998 8:00am
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29844 (0)
 1. Corporation Name
PEBBLE EAST TOWNHOMES HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business 26366 NADIR ROAD P.O. BOX 596 MURDOCK FL 33938	Mailing Address 4055 TAMiami TRAIL #14 PT. CHARLOTTE FL 33952 US
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3. Date Incorporated or Qualified 12/21/1988	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 65-0095260		

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State Punta Gorda, Florida	23. Zip 33983	24. Country Charlotte	25. Mailing Address P.O. Box 380758	26. City & State Murdock, Florida	27. Zip 33938	28. Country Charlotte
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 Eileen Ingels 82 Street Address (P.O. Box Number is Not Acceptable) 2200 Kings Hwy #3J 83 84 City Port Charlotte FL 85 Zip Code 33980
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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: *Eileen Ingels* **Eileen Ingels**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HUDSON, BETTE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26366 NADIR RD 508	CITY-ST-ZIP PT CHARLOTTE FL	1.2 NAME	
TITLE	NAME	1.3 STREET ADDRESS	
TD	SCHOENHERR, RALPH	1.4 CITY-ST-ZIP	
STREET ADDRESS PO BOX 2761 N/A	CITY-ST-ZIP SURF CITY NC	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.2 NAME	
D	CONOLLY, JACK	2.3 STREET ADDRESS	
STREET ADDRESS 37 JEROME STREET	CITY-ST-ZIP WHITMAN MA 02382	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	WALL, JOHN	3.2 NAME	
STREET ADDRESS 12 BARBARA ROAD	CITY-ST-ZIP WALPOLE MA	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-ST-ZIP	
D	PORTER, DAN	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5 HUNT STREET	CITY-ST-ZIP ROWAYTON CT	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
<input checked="" type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.
 SIGNATURE: *Bette Hudson* **Bette Hudson** **7-7-98** **941-629-8190**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)