

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90096 021 ****61.25

DOCUMENT # N29844
 1. Entity Name
PEBBLE EAST TOWNHOMES HOMEOWNERS ASSOCIATION, IN

Principal Place of Business Mailing Address
26366 NADIR ROAD **P.O. BOX 380758**
P.O. BOX 596 **MURDOCK FL 33938**
PUNTA GORDA FL 33983 **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0095260 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
INGELS, EILEEN
2200 KINGS HIGHWAY #3J
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent
 Name **Kristine Wishard**
 Street Address (P.O. Box Number is Not Acceptable)
2200 Kings Highway, #3J
 City **Port Charlotte** **FL** Zip Code **33980**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Kristine Wishard* **Kristine Wishard** **4/12/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature is Required on this form.) **COMMUNITY ASSOCIATION MANAGER** DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, BETTE 26396 NADIR RD 508 PT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SCHOENHERR, RALPH PO BOX 2761 N/A SURF CITY NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALL, JOHN 12 BARBARA ROAD WALPOLE MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, RICHARD J 26366 NADIR RD #206 PUNTA GORDA FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILMAN, PAULA M 26366 NADIR RD #204 PUNTA GORDA FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bette Hudson* **4-12-01** *President*

CR2E037 (10/00)