

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N36686 (6)**

1. Corporation Name

**SAND PEBBLE POINTE MASTER ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 3370  
4800 MILE STRETCH DR  
HOLIDAY FL 34690  
US

P.O. BOX 3370  
4800 MILE STRETCH DR  
HOLIDAY FL 34690  
US

3. Date Incorporated or Qualified **02/14/1990** 3a. Date of Last Report **04/03/1995**

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

4. FEI Number **59-3124781** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**REIMER, FREDERICK  
4800 MILE STREETH ROAD  
HOLIDAY FL 34690**

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

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

Signature, typed or printed name of registered agent on title of application

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GRAE, PHYLLIS	
STREET ADDRESS	8141 AQUILLA ST #312	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PREZKOP, JACK	
STREET ADDRESS	8141 AQUILLA ST. #342	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ROBERT	
STREET ADDRESS	4620 BAY BLVD., #1156	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	RIECHER, MELVIN	
STREET ADDRESS	4620 BAY BLVD. #1126	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Gene Nelson		
2.3 STREET ADDRESS	4550 Bay Blvd #1253		
2.4 CITY-ST-ZIP	Port Richey FL 34668		
3.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Carole Lott		
3.3 STREET ADDRESS	8211 Brent St. #841		
3.4 CITY-ST-ZIP	Port Richey FL 34668		
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Joe Rooney		
4.3 STREET ADDRESS	4620 Bay Blvd #1138		
4.4 CITY-ST-ZIP	Port Richey FL 34668		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: *Eugene R. Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 813-844-7024

Date Daytime Phone #

CR2E037 (12/95)