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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36686 (6)

1. Corporation Name
SAND PEBBLE POINTE MASTER ASSOCIATION, INC.



Principal Place of Business P.O. BOX 3370 4800 MILE STRETCH DR HOLIDAY FL 34690 US	Mailing Address P.O. BOX 3370 4800 MILE STRETCH DR HOLIDAY FL 34690-4358 US
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3. Date Incorporated or Qualified 02/14/1990	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3124781	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	GRAE, PHYLLIS
STREET ADDRESS	8141 AQUILLA ST #312
CITY-ST-ZIP	PORT RICHEY FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	NELSON, GENE
STREET ADDRESS	4550 BAY BLVD #1253
CITY-ST-ZIP	PORT RICHEY FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	LOTT, CAROLE
STREET ADDRESS	8211 BRENT ST #841
CITY-ST-ZIP	PORT RICHEY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROONEY, JOE
STREET ADDRESS	4620 BAY BLVD #1138
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

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jack Przekop
1.8 STREET ADDRESS	8141 Aquilla St #342
1.4 CITY-ST-ZIP	Port Richey FL 34668
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.8 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dave Parris
3.8 STREET ADDRESS	8211 Brent St #825
3.4 CITY-ST-ZIP	Port Richey FL 34668
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Louise Banks
4.8 STREET ADDRESS	4650 Bay Blvd #1027
4.4 CITY-ST-ZIP	Port Richey FL 34668
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.8 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.8 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

Sandra B. Mortham

CR2E037 (9/96)