

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 US
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3. Date Incorporated or Qualified
02/14/1990

4. FEI Number 59-3124781	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21 2. Principal Place of Business Suite, Apt. #, etc.	2a Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRZEKOP, JACK	
STREET ADDRESS	8141 AQUILLA ST., #342	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NELSON, GENE	
STREET ADDRESS	4550 BAY BLVD #1253	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PARRIS, DAVE	
STREET ADDRESS	8211 BRENT ST., #825	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BANKS, LOUISE	
STREET ADDRESS	4650 BAY BLVD., #1027	
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	President	
1.3 STREET ADDRESS	Gene Nelson	
1.4 CITY-ST-ZIP	4550 Bay Blvd. #1126 Port Richey, FL 34668	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President	
2.3 STREET ADDRESS	Sam Ferguson	
2.4 CITY-ST-ZIP	4650 Bay Blvd. #1032 Port Richey, FL 34668	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Treasurer	
3.3 STREET ADDRESS	Frank Austin	
3.4 CITY-ST-ZIP	8251 Aquilla St. #911 Port Richey, FL 34668	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary	
4.3 STREET ADDRESS	Sam Wingate	
4.4 CITY-ST-ZIP	8141 Aquilla St. #348 Port Richey, FL 34668	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Alternate I	
5.3 STREET ADDRESS	Jack Przekop	
5.4 CITY-ST-ZIP	8141 Aquilla St. #342 Port Richey, FL 34668	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	200002535192	
6.4 CITY-ST-ZIP	-05/26/98--01046--031	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **7. 13. 1998**

CR2E037 (10/97)