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Apr 09, 1999 8:00 am
Secretary of State

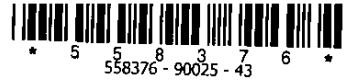
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE, Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36686

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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2. Principal Place of Business 21 4740 BAY BLVD. Suite, Apt. #, etc.	2a. Mailing Address 26 4740 BAY BLVD. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/14/1990
22 City & State 23 FORT RICHEY, FL	27 City & State 28 FORT RICHEY, FL	4. FEI Number 59-2999794 Applied For Not Applicable
24 Zip 34668	29 Zip 34668	5. Certificate of Status Desired \$8.75 Additional Fee Required.
25 Country USA	30 Country USA	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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 CHESTER POZNANSKI 82 Street Address (P.O. Box Number is Not Acceptable) 8150 BRENT STREET #743 83 City PORT RICHEY FL 84 Zip Code 34668
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.1503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENE NELSON 4500 BAY BLVD #1126 PORT RICHEY FL 34668 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD ALBERT F. TARDY 8141 AQUILA STREET #336 PORT RICHEY, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, GENE 4550 BAY BLVD #1253 PORT RICHEY FL 34668 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERGUSON, SAM 4550 BAY BLVD #1002 PORT RICHEY FL 34668 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD CHESTER POZNANSKI 8150 BRENT STREET #743 PORT RICHEY, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUSTIN, FRANK 8251 AQUILLA ST #911 PORT RICHEY FL 34668 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD TOM KURTZER 4411 HARBOR POINTE DR. PORT RICHEY, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINGATE, SAM 8141 AQUILLA ST #348 PORT RICHEY FL 34668 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D AL ROBINSON 8152 BRENT STREET PORT RICHEY, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRZEKOP, JACK 8141 AQUILLA ST #342 PORT RICHEY FL 34668 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D MEL RIECHER 4620 BAY BLVD. #1126 PORT RICHEY, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* DATE: **4/26/99**

CFZED037 (11/98)