

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 # **N43847** (5)

1. Corporation Name
PEBBLE CREEK OF MELBOURNE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 410553, MELBOURNE FL 32941-0553, US
Mailing Address: P.O. BOX 410553, MELBOURNE FL 32941-0553, US

3. Date Incorporated or Qualified: **06/13/1991**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-3111985**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**WILLIAMS, RENEE M.
2960 PEBBLE CREEK STREET
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name: **Richard Ennis**
82 Street Address (P.O. Box Number is Not Acceptable): **4520 RIVERMIST DRIVE**
83 City: **Melbourne** FL 85 Zip Code: **32935**

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: *Richard A Ennis*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: **4-26-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPRINKLE, TERRY	
STREET ADDRESS	2932 PEBBLE CREEK ST.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HALLEY, DAVID	
STREET ADDRESS	2964 PEBBLE CREEK STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DAILEY, THERESA	
STREET ADDRESS	3026 PEBBLE CREEK STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, RENEE	
STREET ADDRESS	2960 PEBBLE CREEK STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAGE, MICHELLE	
STREET ADDRESS	2996 PEBBLE CREEK STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENNIS, RICHARD	
STREET ADDRESS	4520 RIVERMIST DR.	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DIRECTOR (D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	JOSEPH KUHN		
2.3 STREET ADDRESS	3002 Pebble Creek ST		
2.4 CITY-ST-ZIP	Melbourne, FL 32935		
3.1 TITLE	SECRETARY (S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	CARLA Stahley		
3.3 STREET ADDRESS	2987 Pebble Creek ST		
3.4 CITY-ST-ZIP	Melbourne, FL 32935		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	800001854978	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	-06707796--01012--033	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	***61.25		
5.4 CITY-ST-ZIP			
6.1 TITLE	V/T	<input type="checkbox"/>	<input checked="" 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: *Richard A Ennis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RICHARD A ENNIS**
Date: **4-26/96** Daytime Phone #: **407-723-6227**

CR2E037 (12/95)