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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 06/06/1996
4. FEI Number: 59-3111985
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$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 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
ENNIS, RICHARD
4520 RIVERMIST DR.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
81 Name: SUSAN GLASGOW
82 Street Address (P.O. Box Number is Not Acceptable): 4559 RIVERMIST DR
83
84 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: Susan Glasgow, Treasurer
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 10 MAR 97

12. OFFICERS AND DIRECTORS
TITLE: PD, NAME: SPRINKLE, TERRY, STREET ADDRESS: 2932 PEBBLE CREEK ST., CITY-ST-ZIP: MELBOURNE FL, [X] DELETE
TITLE: D, NAME: KUHN, JOSEPH, STREET ADDRESS: 3002 PEBBLE CREEK STREET, CITY-ST-ZIP: MELBOURNE FL 32935, [] DELETE
TITLE: S, NAME: STAHLEY, CARLA, STREET ADDRESS: 2987 PEBBLE CREEK STREET, CITY-ST-ZIP: MELBOURNE FL 32935, [X] DELETE
TITLE: DVT, NAME: ENNIS, RICHARD, STREET ADDRESS: 4520 RIVERMIST DR., CITY-ST-ZIP: MELBOURNE FL, [X] DELETE
TITLE: [] DELETE
TITLE: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: PD, [X] Change [] Addition
1.2 NAME: ROBERT LUCAS
1.3 STREET ADDRESS: 3024 PEBBLE CREEK RD
1.4 CITY-ST-ZIP: MELBOURNE FL 32935
2.1 TITLE: [] Change [] Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: ST, [X] Change [] Addition
3.2 NAME: SUSAN GLASGOW
3.3 STREET ADDRESS: 4559 RIVERMIST DR
3.4 CITY-ST-ZIP: MELBOURNE, FL 32935
4.1 TITLE: VD, [X] Change [] Addition
4.2 NAME: BARBARA CASTELLO
4.3 STREET ADDRESS: 4560 RIVERMIST DR
4.4 CITY-ST-ZIP: MELBOURNE, FL 32935
5.1 TITLE: D, [] Change [X] Addition
5.2 NAME: BILL HANSEN
5.3 STREET ADDRESS: 4526 RIVERMIST DR
5.4 CITY-ST-ZIP: MELBOURNE, FL 32935
6.1 TITLE: D, [] Change [X] Addition
6.2 NAME: STEVE TRIFILETTI
6.3 STREET ADDRESS: 4543 RIVERMIST DR
6.4 CITY-ST-ZIP: MELBOURNE FL 32935

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.

SIGNATURE: Robert Lucas, President
Signature and typed or printed name of signing officer or director
Date: 11 MAR 97
Daytime Phone # 001991

CR2E037 (9/96)