

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Oct 01 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address  
 P.O. BOX 410553 MELBOURNE FL 32941-0553 US  
 P.O. BOX 410553 MELBOURNE FL 32941-0553 US

3. Date Incorporated or Qualified  
 06/13/1991

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

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 NA

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
 GLASGOW, SUSAN  
 4559 RIVERMIST DRIVE  
 MELBOURNE FL 32935

10. Name and Address of New Registered Agent  
 81 Name ROBERT F. SCHLEICH  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 2910 PEBBLE CREEK ST  
 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 ROBERT F. SCHLEICH Robert F. Schleich 16 Sept 1998  
 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	LUCAS, ROBERT	
STREET ADDRESS	3024 PEBBLE CREEK RD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUHN, JOSEPH	
STREET ADDRESS	3002 PEBBLE CREEK STREET	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GLASGOW, SUSAN	
STREET ADDRESS	4559 RIVERMIST DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CASTELLO, BARBARA	
STREET ADDRESS	4500 RIVERMIST DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, JILL	
STREET ADDRESS	4526 RIVERMIST DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRIFILETTI, STEVE	
STREET ADDRESS	4543 RIVERMIST DR	
CITY-ST-ZIP	MELBOURNE FL 32935	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT F SCHLEICH
4.3 STREET ADDRESS	2910 PEBBLE CREEK ST
4.4 CITY-ST-ZIP	MELBOURNE FL 32935
5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KUHN BARBARA
5.3 STREET ADDRESS	3002 PEBBLE CREEK
5.4 CITY-ST-ZIP	MELBOURNE, FL 32935
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID MORRISON
6.3 STREET ADDRESS	3006 PEBBLE CREEK ST
6.4 CITY-ST-ZIP	MELBOURNE FL 32935

14. I 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: [Signature] 16 Sept 98 407-259-1832  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)