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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51304** (6)

1. Corporation Name

PEBBLE BEACH AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**14849 HOLE-IN-ONE CIRCLE
FT MYERS FL 33919-7147
US**

**14849 HOLE-IN-ONE CIRCLE
FT MYERS FL 33919-7147
US**



3. Date Incorporated or Qualified

10/09/1992

4. FEI Number

65-0424437

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATOE, DENNIS
5732 SANDPIPER PLACE SW
FT. MYERS FL 33919**

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

CATOE, DENNIS
Signature, typed or printed name of registered agent and title if applicable.

Dennis Catoe
(NOTE: Registered Agent signature required when reinstating)

4-3-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, CLIFFORD	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE PH2	
CITY-ST-ZIP	FT MYERS FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GASAWAY, WALTER	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE 109	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CYR, JAMES	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE 101	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HUDAC, JANIS	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE 108	
CITY-ST-ZIP	FT MYERS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SEER, HAROLD	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE 305	
CITY-ST-ZIP	FT MYERS FL	

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Blood, Richard	
1.3 STREET ADDRESS	14751 Hole-in-one circle PH-1	
1.4 CITY-ST-ZIP	FT. MYERS, FLA.	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Greaves, Wanda	
4.3 STREET ADDRESS	14751 Hole-in-one circle PH-4	
4.4 CITY-ST-ZIP	FT. MYERS, FLA. 33919	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 or changed, or on an attachment with an address.

SIGNATURE: *Richard A. Blood* **RICHARD A. BLOOD** **941-489-3808**

CR2E037 (1097)