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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000000693

1. Corporation Name:
PEBBLE RIDGE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business: **10080 PEBBLE RIDGE DR. N JACKSONVILLE FL 32220**

Mailing Address: **10080 PEBBLE RIDGE DR. N JACKSONVILLE FL 32220**



21. 10071 Pebble Ridge Dr.	22. Mailing Address: 10071 Pebble Ridge Dr.	3. Date Incorporated or Qualified: 02/05/1996
23. Jacksonville, FL	24. Jacksonville, FL	4. FEI Number: 59-3372245
25. 32220 USA	26. 32220 USA	5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required
27. Name and Address of Current Registered Agent: LIVENGOOD, BARRY 10080 PEBBLE RIDGE DR. N JACKSONVILLE FL 32220		6. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees

28. Name and Address of Current Registered Agent: LIVENGOOD, BARRY 10080 PEBBLE RIDGE DR. N JACKSONVILLE FL 32220		10. Name and Address of New Registered Agent	
81. Name: Glenn Goodroe	82. Street Address (P.O. Box Number is Not Acceptable): 10033 Plank Ln.	83.	84. City: Jacksonville FL 85. Zip Code: 32220

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: *Glenn Goodroe* DATE: *5/9/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PT	NAME: LIVENGOOD, BARRY	1.1 TITLE: President	NAME: Glenn Goodroe
STREET ADDRESS: 10024 PEBBLE RIDGE DRIVE NORTH	CITY-ST-ZIP: JACKSONVILLE FL 32220	1.3 STREET ADDRESS: 10033 Plank Ln.	1.4 CITY-ST-ZIP: JACKSONVILLE, FL 32220
TITLE: VPT	NAME: GOODROE, GLENN	2.1 TITLE: VPT VICE PRESIDENT	NAME: Johnny BRENE
STREET ADDRESS: 10033 PLANK LANE	CITY-ST-ZIP: JACKSONVILLE FL 32220	2.3 STREET ADDRESS: 10095 Pebble Ridge Dr.	2.4 CITY-ST-ZIP: JACKSONVILLE, FL 32220
TITLE: ST	NAME: LOWELL, JEFFERY	3.1 TITLE: ST	NAME: COWELL (not LOWELL)
STREET ADDRESS: 10071 PEBBLE RIDGE DRIVE NORTH	CITY-ST-ZIP: JACKSONVILLE FL 32220	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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)(1), 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, with a copy of the empowerment.

SIGNATURE: *Jeffery Lowell* DATE: *4/26/99* PHONE: *904-783-4479*

CR2E037 (1/98)