


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 28 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 # N97000005894 (7)
1. Corporation Name
TOWNHOMES BY THE GULF AT SAN PEBBLE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4741 BAY BLVD. PT. RICHEY FL 34668	Mailing Address 4741 BAY BLVD. PT. RICHEY FL 34668
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3. Date Incorporated or Qualified 10/16/1997	
4. FEI Number 59-3522954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MARKHAM, JAMES D
10399 PARADISE BLVD.
TREASURE ISLAND FL 33706**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARKHAM, JAMES D	
STREET ADDRESS	10399 PARADISE BLVD.	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WILES, RICHARD E	
STREET ADDRESS	18718 WIMBLEDON CIR.	
CITY-ST-ZIP	LUTZ FL 33547	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, PETER	
STREET ADDRESS	P.O. BOX 3370	
CITY-ST-ZIP	HOLIDAY FL 34680	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARKHAM, JUDY L.	
1.3 STREET ADDRESS	10399 Paradise Blvd.	
1.4 CITY-ST-ZIP	Treasure Island, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	DV	
2.2 NAME	Wiles, Richard E.	
2.3 STREET ADDRESS	18718 Wimbledon Cir	
2.4 CITY-ST-ZIP	Lutz, Fl 33547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	900002629629	
6.3 STREET ADDRESS	-09/01/98--01012--007	
6.4 CITY-ST-ZIP	***61.25	

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: *Sandra B. Mortham* 4/29/98 813-862-1996

CR2E037 (10/97)