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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N97000005894**

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



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified
10/16/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

59-3522954

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKHAM, JAMES D
 10399 PARADISE BLVD.
 TREASURE ISLAND FL 33706

81 Name

James D. Markham

82 Street Address (P.O. Box Number is Not Acceptable)

4800 Mile Stretch Drive

83

84 City

holiday

FL

85 Zip Code

34690

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **DP MARKHAM, JAMES D**
 STREET ADDRESS **10399 PARADISE BLVD.**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

1.1 TITLE Change Addition
 1.2 NAME **DP James D. Markam**
 1.3 STREET ADDRESS **4800 Mile Stretch Drive**
 1.4 CITY-ST-ZIP **Holiday Fl 34690**

TITLE DELETE
 NAME **DV WILES, RICHARD E**
 STREET ADDRESS **18718 WIMBLEDON CIR.**
 CITY-ST-ZIP **LUTZ FL 33547**

2.1 TITLE Change Addition
 2.2 NAME **DV Richard E. Wiles**
 2.3 STREET ADDRESS **4800 Mile Stretch Drive**
 2.4 CITY-ST-ZIP **Holiday FL 34690**

TITLE DELETE
 NAME **DST MARKHAM, JUDY L**
 STREET ADDRESS **10399 PARADISE BOULEVARD**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

3.1 TITLE Change Addition
 3.2 NAME **DST Judy Markam**
 3.3 STREET ADDRESS **4800 Mile Stretch Drive**
 3.4 CITY-ST-ZIP **Holiday Fl 34690**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James D. Markham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)