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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N17790

1. Corporation Name

PEARL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**6277 BLANK DR.
JACKSONVILLE FL 32244**

Mailing Address
**6277 BLANK DR.
JACKSONVILLE FL 32244**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/14/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		51-0203095	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KAYE, SHELIA 6277 BLANK DR. JACKSONVILLE FL 32244				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

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	PD	1.1 TITLE	
NAME	KAYE, SHEILA	1.2 NAME	
STREET ADDRESS	6277 BLANK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	ZUBER, PENNY	2.2 NAME	
STREET ADDRESS	6107 BLANK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	GARCIA, LEO	3.2 NAME	
STREET ADDRESS	6099 BLANK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	ZUBER, PENNY	4.2 NAME	
STREET ADDRESS	6107 BLANK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Signature: Katherine Harris *5-6-99* *904 772-1263*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)