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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746339 (1)  
1. Corporation Name  
PEBBLE SPRINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORP. PRKWY.  
7932 WILES ROAD SUNRISE FL 33323-2847  
SUNRISE FL 33323 US

3. Date Incorporated or Qualified 03/20/1979  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 c/o Miami Management Inc. 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 1189 Sawgrass Corp. Pkwy 27  
City & State City & State  
23 Sunrise, FL 28  
Zip Country Zip Country  
24 33323 25 USA 29 30

4. FEI Number 59-1745077 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
KAYE & ROGER, P.A.  
1500 W. CYPRESS CREEK RD.  
SUITE 207  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent  
81 Name Kaye & Rogers, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6th Way  
83 Suite 103  
84 City Ft. Lauderdale FL 85 Zip Code 33309

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	REBA BUNETTA	1.2 NAME	Shafronia Plumber
STREET ADDRESS	4040 NW 88TH AVE	1.3 STREET ADDRESS	4054 NW 88TH 2B
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	S	2.1 TITLE	D
NAME	GERI WAYNE	2.2 NAME	Gerl Wayne
STREET ADDRESS	3990 NW 88TH AVE	2.3 STREET ADDRESS	3990 NW 88TH Ave
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	V	3.1 TITLE	DV
NAME	ANNE BERNSTEIN	3.2 NAME	Cheryl Beehler
STREET ADDRESS	4004 NW 88TH AVE	3.3 STREET ADDRESS	4064 NW 88TH 2B
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	T	4.1 TITLE	D
NAME	PAULA CASWELL	4.2 NAME	Brian Halfhide
STREET ADDRESS	4040 NW 88TH AVE	4.3 STREET ADDRESS	4052 NW 88TH Ave 1C
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	D	5.1 TITLE	DS
NAME	LEE GERKE	5.2 NAME	Lee Gerke
STREET ADDRESS	4064 NW 88TH AVE	5.3 STREET ADDRESS	4064 NW 88TH Ave
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	P	6.1 TITLE	D
NAME	MICKI GRABIN	6.2 NAME	Melissa Mansfield
STREET ADDRESS	3992 NW 88TH AVE	6.3 STREET ADDRESS	4008 NW 88TH Ave 2E
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	Sunrise, FL 33351

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14. I do 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: *Micki Grabin, Pres. (MICKI GRABIN)* 2/27/97 (954) 846-8489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037074

CR2E037 (9/96)