FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

746339

(1)

FILED Mar 30 1998 8:00am Secretary of State

PEBBLE SPRINGS CONDOMINIUM ASSOCIATION, INC.				1 14800 1881 8082 8093 1882 1884 1	
Principal Plac	e of Business	Mailing Address		- I IDEATE AND IT BEING BIYON ESTEN SIDED I	ait Biast Bibit Bibit Bibit Bibit Bibit bibit
MIAMI MANAGE 1189 SAWGRAS SUNRISE FL 33 US	SS CORP PKWY	1189 SAWGRASS CORP. PRK SUNRISE FL 33323 US	(WY.	Date Incorporated or Qualified 03/20/1979 FEI Number	Applied For
			<u>-</u>	59-1745077	Not Applicable
2. Principal P	lace of Business	28 Z 90 / 5/	ams ST	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- •	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State 23 1 + 0 /	Lywoon Fl	28 1/9/14 W	000 Fl.	7. Is this nonprofit corporation a ho	meowners association? Yes No
žip . 24 3 <i>30</i>			o BROW	This corporation owes or has pa Personal Property Tax due June	30. Yes No
<u>-</u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	glatered Agent
KAYE & ROGER, P.A. B2 Street Addre				ess (P.O. Box Number is Not Acceptab	ole)
6261 NW 6 WAY STE 103			83		
FT. LAU	DERDALE FL 33309		84 City		FL 85 Zip Code
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 faghiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of recistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D DED A SUBJECT A	☐ DELETE	1.1 TITLE		, -
NAME	REBA BUNETTA		1.2 NAME		Fra7
STREET ADORESS	4040 NW 88TH AVE		1.3 STREET ADDRESS		۱٣
CITY-ST-ZIP TITLE	SUNRISE FL D	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	GERI WAYNE	beacit	2.2 NAME		E vienge E viennen –
STREET ADDRESS	3990 NW 88TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2.4 City-St-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	PLUMBER, SHAFRONIA		3.2 NAME		
STREET ADDRESS	4054 NW 88 2B		3.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	SUNRISE FL		3.4. CITY-ST-ZIP		
TITLE	Ť	☐ DELETE	4.1 TITLE		Change Addition
NAME	Paula Caswell		4.2 NAME		
STREET ADDRESS	4040 NW 88TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		4.4 CITY+ST-ZIP		
TITLE	DS	DELETE	5.1 TITLE		Change Addition
NAME	LEE GERKE		5.2 NAME		1
STREET ADDRESS	4064 NW 88TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		5.4 CITY- ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		Change Addition
NAME	MICKI GRABIN		6.2 NAME		i
STREET ADDRESS	3992 NW 88TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07/3)(i) Florida Statutas 1	further certify that the information
indicated	country tries are information supplied with	rana ming uces not quality for i	ote and that we signate	Section 119.07(3)(i), Florida Statutes.	made under eath: that I am an

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.

GNATURE:

SIGNATURE: