

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746339

1. Entity Name

PEBBLE SPRINGS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90010 001 \*\*\*\*61.25

Principal Place of Business CONSOLIDATED COMMUNITY MANAGEMENT, INC. 10034 W MCNAB RD TAMARAC FL 33321 US	Mailing Address CONSOLIDATED COMMUNITY MANAGEMENT, INC. 10034 W MCNAB RD TAMARAC FL 33321-1815 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1745077</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MILES, JAMES  
 10034 W MCNAB ROAD  
 TAMARAC FL 33321

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>NOCHOMSON, MICKI</b> <b>3992 NW 88TH AVE 2A</b> <b>SUNRISE FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>PLUMMER, SHAFFRONIA</b> <b>4054 NW 88TH AVE 2B</b> <b>SUNRISE FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>CASWELL, PAULA</b> <b>4040 NW 88 AVE 2C</b> <b>SUNRISE FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <del><b>MALONE, MARJORIE</b></del> <del><b>3990 NW 88 AVE 2C</b></del> <del><b>SUNRISE FL 33351</b></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BEEHLER, CHERYLE</b> <b>4064 NW 88TH AVE 2B</b> <b>SUNRISE FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <del><b>MILLER, SHARON</b></del> <del><b>4054 NW 88TH AVE 1B</b></del> <del><b>SUNRISE FL 33351</b></del>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROBERT ROMPEL</b> <b>4060 NW 88 AVE</b> <b>SUNRISE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>R. BUNETTA</b> <b>4040 NW 88 AVE</b> <b>SUNRISE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>J. FERRARI</b> <b>4004 NW 88 AVE</b> <b>SUNRISE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MALONE, MARJORIE</b> <b>3990 NW 88 AVE</b> <b>SUNRISE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BEEHLER, CHERYLE</b> <b>4064 NW 88 AVE</b> <b>SUNRISE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PHILLIP BLACK</b> <b>4052 NW 88 AVE</b> <b>SUNRISE, FL</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: Micki Nochomson 1/16/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)