2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State **DOCUMENT # 748081** 1. Entity Name 04-11-2002 90079 048 ****61.25 PEBBLE COVE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3833 S. BANANA RIVER BLVD. 3833 S. BANANA RIVER BLVD. 28894 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-2246612 Not Applicable Ζiρ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUCKER_ARCHARD 3833 S/BANANA RIVER, BLVD COCOA BEACH FL 32931 Zip Code City 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. D SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. PRESIDENT. - HILLER AND DIRECTO FULLER, V. ANN. - REVO 3833 5. BANANA 9. BLVD TITLE Defete Defete TITLE ☐ Addition TUCKER, RICHARD / 3833 S BANANA BIVER BIVD #103 MAME NAME ð STREET ADDRESS STREET ADDRESS CR2E037 COCOA BEH FL COCKA BEACH FL. 32931 CHY-ST-ZIP CITY-ST-ZIP Delete TITLE YKEPAES. #403 TIT! F ☐ Addition LASCHA, GLORÍA LASCHA JOHNT. NAME NAME 3883 & BANANA RIVER BLVD STREET ADDRESS STREET ADDRESS cogoa Beh Fl. CITY-ST-ZIP JAME AS ABOVE CITY-ST-ZIP 5844/ TREAS #301 TITLE Delete TITLE ■ Addition Caputo, Bruno. NAME O BRUNDE NAME 3838 S. Bánaná riyer blyd STREET ADDRESS STREET ADDRESS O COCOA/BEACH FL/32931 AS ABOVE CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE **Z** Change ■ Addition Cascella./Dennis/ NAME NAME 38335 BAMANA RÍV BLVÚ #302 STREET ADDRESS STREET ADDRESS COCOA/BEACH FL CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITL E Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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 empowered.

DEXIONED

ED NAME OF SIGNING OFFICER OR DIRECTOR

MURE AND TYPED OR PR

SIGNATURE:

FILED

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