


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90035 032 ****61.25

DOCUMENT # 748081
 1. Entity Name
PEBBLE COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3833 S. BANANA RIVER BLVD. **3833 S. BANANA RIVER BLVD.**
COCOA BEACH FL 32931 **COCOA BEACH FL 32931**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-2246612 Not Applicable

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

6. Name and Address of Current Registered Agent
CAPUTO, PATRICIA H
3833 S BANANA RIVER BLVD
#301
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent
 Name
Marilyn A. Rigerman
 Street Address (P.O. Box Number is Not Acceptable)
200 North First Street
 City State Zip Code
Cocoa Beach **FL** *32931*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marilyn A. Rigerman* *Marilyn A. Rigerman* *2-12-04*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAPUTO, PATRICIA H	
STREET ADDRESS	3833 S. BANANA RIVER BLVD., #301	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ORSINE, LOUIS F	
STREET ADDRESS	3833 S. BANANA RIVER BLVD., #205	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LASCHA, GLORIA	
STREET ADDRESS	3833 S. BANANA RIVER BLVD., #403	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Tucker	
STREET ADDRESS	1123 Kuna Street	
CITY-ST-ZIP	South Elgin, IL 60177	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Weller	
STREET ADDRESS	3833 S Banana River Blvd 304	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Cuscilla	
STREET ADDRESS	3833 S Banana River Blvd. 303	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE: *Cathy Weller* *Cathy Weller* *2-26-04*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #