


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90083 008 ****61.25

DOCUMENT # 748081			
1. Entity Name PEBBLE COVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3833 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931		Mailing Address 3833 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIGERMAN, MARILYN A 200 NORTH FIRST STREET COCOA BEACH, FL 32931		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP CUMMENS, JEAN <input type="checkbox"/> Delete	TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3833 S BANANA RIVER BLVD 103	NAME	
STREET ADDRESS	COCOA BEACH, FL 32931	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORSINI, LOU	NAME	Patti Caputo
STREET ADDRESS	3833 S BANANA RIVER BLVD 202	STREET ADDRESS	3833 S Banana River Blvd
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	Cocoa Beach FL 32931
TITLE	DST <input checked="" type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASCHA, GLORIA	NAME	Doug Ingram
STREET ADDRESS	3833 S BANANA RIVER DR 301	STREET ADDRESS	3833 S Banana River Blvd
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	Cocoa Beach FL 32931
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>X Patti Caputo</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Patti Caputo	
		Date: 1-31-07	
		Daytime Phone #	