


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90034 030 ****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**

40101000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2246612

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RIGERMAN, MARILYN A
 200 NORTH FIRST STREET
 COCOA BEACH, FL 32931**

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CUMMENS, JEAN 3833 S BANANA RIVER BLVD 103 COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Louis Orsine 3833 S Banana River Blvd Cocoa Beach FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUPUTO, PATTI 3833 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP INGRAM, DOUG 3833 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jean Cummins Jean Cummins 5-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #