
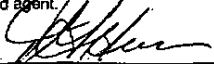



**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90217 029 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N03000010255</b>					
1. Entity Name PEBBLEBROOK HOA, INC.					
Principal Place of Business 11755 SW 90 STREET STE 210 MIAMI, FL 33186			Mailing Address 11755 SW 90 STREET STE 210 MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1199491</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FLETCHER, PATRICIA K 200 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: <b>Herrera, Tammy</b> Street Address (P.O. Box Number is Not Acceptable): <b>11755 SW 90 Street, #210</b> City: <b>Miami</b> FL Zip Code: <b>33186</b>	
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: <b>4/22/04</b>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, TAMMY 11755 SW 90 STREET STE 210 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JORGE, JOSE 11755 SW 90 STREET STE 210 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Figuera, Jose Jorge <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11755 SW 90 St. Suite 210 Miami, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTINEZ, FERNANDO I 11755 SW 90 STREET STE 210 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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		
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		
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 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:  DATE: _____ Daytime Phone #: _____					

**66429396**



04022004 Chg-NP CR2E037 (10/03)