


**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N03000010255
 1. Entity Name
 PEBBLEBROOK HOA, INC.



FILED
 05 SEP -8 AM 11:18
 SECRETARY OF STATE

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
 13250 SW 135th Ave
 MIAMI, FL 33186

3. Mailing Address
 13250 SW 135th Ave.
 MIAMI, FL 33186

4. FEI Number
 20-1199491

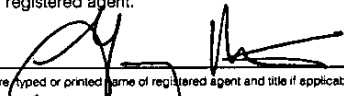
5. Certificate of Status Desired \$8.75 Additional Fee Required

08022005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 HERRERA, TAMMY
 11755 SW 90 STREET
 MIAMI, FL 33186

7. Name and Address of New Registered Agent
 Name: Gary M. Mars, Esq.
 Street Address (P.O. Box Number is Not Acceptable):
 MUSEUM TOWER, 27th Floor
 150 W. Flagler St.
 City: MIAMI FL Zip Code: 33130

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:  (NOTE: Registered Agent signature required when reinstating) Date: Aug. 8, 2005

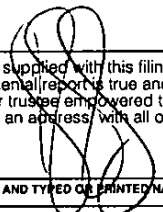
Amended AR is \$61.25

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	PD HERNANDEZ, JORGE 4102 N.E. 25TH COURT HOMESTEAD, FL 33033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600059780716 09/20/05--01039--002 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, INGRID 2524 N.E. 41ST TERRACE HOMESTEAD, FL 33033	<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	STD OLIVA-SCHMITZ, ALINA 2527 N.E. 41ST AVENUE HOMESTEAD, FL 33033	<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	
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: 08/08/05 Daytime Phone #

RECEIVED AUG 08 2005