


61-25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009199	
1. Entity Name PEBBLEBROOKE COMMERCIAL PHASE IV PROPERTY OWNERS ASSOCIATION, INC.	

FILED
06 MAY -3 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6635 WILLOW PARK DRIVE NAPLES, FL 34109	Mailing Address 6635 WILLOW PARK DRIVE NAPLES, FL 34109
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03292006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 26-0106189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONROY, J THOMAS III
2640 GOLDEN GATE PKWY
STE 115
NAPLES, FL 34105

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEANGELIS, JOHN M 6635 WILLOW PARK DRIVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT DIAMOND, DAVID B 6635 WILLOW PARK DRIVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DEANGELIS, RAY 6635 WILLOW PARK DRIVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

Handwritten initials/signature

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05/12/06--01015--027 **261.25

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #