

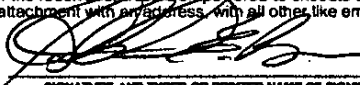


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2008 90025 022 ****61.25

DOCUMENT # N05000007465			
1. Entity Name PEBBLE BEACH DOWNS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7495 MANASOTA KEY RD ENGLEWOOD, FL 34223		Mailing Address PO BOX 335 ENGLEWOOD, FL 34295	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7495 MANASOTA Key Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ENGLEWOOD, FL	
Zip	Country	Zip 34223	Country USA
4. FEI Number 41-2234836		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		7. Name and Address of New Registered Agent	
HANEWINCKEL, DEAN 2850 S MCCALL RD ENGLEWOOD, FL 34224		Name <u>JONATHAN E. BRONER</u> Street Address (P.O. Box Number is Not Acceptable) <u>7495 MANASOTA Key Rd.</u> City <u>ENGLEWOOD</u> FL Zip Code <u>34223</u>	
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 		Name <u>JONATHAN E. BRONER</u> DATE <u>3/19/08</u>	
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, 2008		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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONER, JONATHAN E	NAME	
STREET ADDRESS	7495 MINNESOTA KEY RD	STREET ADDRESS	7495 MANASOTA Key Rd.
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLER, DARCIE L	NAME	
STREET ADDRESS	7495 MINNESOTA KEY RD	STREET ADDRESS	7495 MANASOTA Key Rd
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONER, JAMES	NAME	
STREET ADDRESS	7495 MINNESOTA KEY RD	STREET ADDRESS	7495 MANASOTA Key Rd.
CITY-ST-ZIP	ENGLEWOOD, FL 34223	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	
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 any address, with all other like empowered.			
SIGNATURE: 		Name <u>JONATHAN E. BRONER</u> DATE <u>3/19/08</u> Daytime Phone # <u>741-270-2024</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	