


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90244 005 ****61.25


DOCUMENT # N51304
1. Entity Name
PEBBLE BEACH AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**14849 HOLE-IN-ONE CIRCLE
FT MYERS FL 33919-7147
US** **14849 HOLE-IN-ONE CIRCLE
FT MYERS FL 33919-7147
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
65-0424437 Not Applicable

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

6. Name and Address of Current Registered Agent
**CATOE, DENNIS
509 EDISON AVENUE
LEHIGH ACRES FL 33936**

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]* *Dennis J. Catoe* *3-16-2006*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	BLOOD, PAT	
STREET ADDRESS	14751 HOLE-IN-ONE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FRITZ, BERNIE	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	DILDONATO, ALBERT	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE 101	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SWARTZ, RAY	
STREET ADDRESS	14751 HOLE IN ONE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHNSON, DEBBIE	
STREET ADDRESS	14751 HOLE-IN-ONE CIRCLE 305	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Woscichowicz, Neal</i>	
STREET ADDRESS	<i>14751-Hole-in-one circle PH-7</i>	
CITY-ST-ZIP	<i>Fort Myers, FL 33919</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia Blood* *Patricia Blood - President* *3/6/06* *489-3808*