2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N51304

Entity Name: PEBBLE BEACH AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14849 HOLE-IN-ONE CIRCLE
FT MYERS, FL 339197147 US

New Principal Place of Business:

Current Mailing Address:

14849 HOLE-IN-ONE CIRCLE
FT MYERS, FL 339197147 US

New Mailing Address:

FEI Number: 65-0424437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATOE, DENNIS
509 EDISON AVENUE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: CYR, JAMES
Address: 14751 HOLE-IN-ONE
City-St-Zip: FT MYERS, FL 33919

Title: DT ( ) Delete
Name: FRITZ, BERNIE
Address: 14751 HOLE-IN-ONE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: DILDONATO, ALBERT
Address: 14751 HOLE-IN-ONE CIRCLE 101
City-St-Zip: FT. MYERS, FL 33919

Title: VP ( ) Delete
Name: WOJCIECHOWICZ, NEAL
Address: 14751 HOLE-IN-ONE CIRCLE, PH 7
City-St-Zip: FORT MYERS, FL 33919

Title: P ( ) Delete
Name: JOHNSON, DEBBIE
Address: 14751 HOLE-IN-ONE CIRCLE 305
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/TD (X) Change ( ) Addition
Name: CYR, JAMES
Address: 14751 HOLE-IN-ONE
City-St-Zip: FT MYERS, FL 33919

Title: D (X) Change ( ) Addition
Name: COGLIANESE, JUDITH
Address: 14751 HOLE-IN-ONE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE JOHNSON P 04/10/2009

Electronic Signature of Signing Officer or Director — Date