

1.25
2002 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # N98000000271

1. Entity Name

PEBBLEBROOKE LAKES MASTER ASSOCIATION, INC. ✓

09-16-2002 90100 015 ****61.25

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02 SEP 20 PM 1:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

80138735



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

255 EAST DRIVE #D
 MELBOURNE FL 32904

255 EAST DRIVE #D
 MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

8610 Pebblebrooke Dr.
 Suite, Apt. #, etc.

8610 Pebblebrooke Dr.
 Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3526884

Applied For

Not Applicable

Zip

34119

Country

Zip

34119

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDRY, KENNETH P JR
 255 EAST DRIVE #D
 MELBOURNE FL 32904

Name

Denise Sparta

Street Address (P.O. Box Number is Not Acceptable)

8610 Pebblebrooke Drive

City

Naples

FL

Zip Code

34119

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

Denise Sparta

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	SAUNDRY, KENNETH P SR	255 EAST DRIVE #D	MELBOURNE FL 32904	<input checked="" type="checkbox"/>
STD	SAUNDRY, KENNETH P JR	255 EAST DRIVE #D	MELBOURNE FL 32904	<input checked="" type="checkbox"/>
D	ROSBOROUGH, KAREN	255 EAST DRIVE #D	MELBOURNE FL 32904	<input checked="" type="checkbox"/>
D	SAUNDRY, JANICE M	255 EAST DRIVE #D	MELBOURNE FL 32904	<input checked="" type="checkbox"/>
VD	VUKOBRAOVICH, GEORGE	%2400 9TH STREET N., SUITE 101	NAPLES FL 34103	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	Denise Sparta	8610 Pebblebrooke Drive	Naples FL 34119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Jim Paschal	8610 Pebblebrooke Drive	Naples FL 34119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Theresa Ferreira	8610 Pebblebrooke Drive	Naples FL 34119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	John Williams	8610 Pebblebrooke Drive	Naples FL 34119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Greg Wendel	8610 Pebblebrooke Drive	Naples FL 34119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (4/02)

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: *SIGNATURE SQUARED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #