


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90524 029 ****61.25

DOCUMENT # N9800000271

1. Entity Name
PEBBLEBROOKE LAKES MASTER ASSOCIATION, INC.



Principal Place of Business
**8610 PEBBLEBROOKE DR
 NAPLES, FL 34119**

Mailing Address
**C/O R&P PROPERTY MANAGEMENT
 265 AIRPORT ROAD SOUTH
 NAPLES, FL 34104 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
**Suite, Apt. #, etc.
 28731 SOUTH CARGO CT #6**

3. Mailing Address
C/O MMI OF THE GULF COAST

City & State
BONITA SPRINGS, FL 34135

City & State
BONITA SPRINGS, FL 34135

Zip Country Zip Country
34135

04152005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3526884

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
**R&P PROPERTY MANAGEMENT
 265 AIRPORT ROAD SOUTH
 NAPLES, FL 34104**

7. Name and Address of New Registered Agent
 Name **RICHARD DEBOEST, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
1415 HENDRY STREET
 City **FT. MYERS** FL Zip Code **33902**

9. 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  **ATTOREY RICHARD DEBOEST** DATE **4/29/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2005**

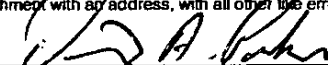
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPARTA, NICHOLAS 180 SKIPPING STONE LANE NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWLAND, JOSEPHINE 184 SKIPPING STONE LANE NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WENDEL, GREGG 355 BURNT PINE DRIVE NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITCHNER, FRANK 281 SHELL STONE CT. NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, DWAIN 272 BURNT PINE NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIGHT, GREG 8427 MELLOW BROOK CIRCLE NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAENZA, JILL 353 SWEETBAY LANE NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, HAWLEY 8395 BIG ACORN CIRCLE #102 NAPLES, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DAVE 370 BURNT PINE NAPLES, FL 34119 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 files empowered.

SIGNATURE:  **DWAIN PARKER - PRESIDENT** DATE **05/02/05**

Signature and typed or printed name of signing officer or director Date

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