


05-09-2003 90146 039 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9800000271

1. Entity Name
PEBBLEBROOKE LAKES MASTER ASSOCIATION, INC.



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

Mailing Address
**8610 PEBBLEBROOKE DR
 NAPLES, FL 34119**

55046678



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 Suite, Apt. #, etc.
[Handwritten Signature]

3. Mailing Address
**96 Southwest Property Mgmt.
 Suite, Apt. #, etc.
 1044 Castello Dr., #206
 Naples, FL
 Zip 34103 Country USA**

4. FEI Number
58-3526884

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

6. Name and Address of Current Registered Agent
**SPARTA, DENISE
 8610 PEBBLEBROOKE DR
 NAPLES, FL 34119**

7. Name and Address of New Registered Agent
 Name
Southwest Property Management Corp.
 Street Address (P.O. Box Number is Not Acceptable)
1044 Castello Dr., #206
 City **Naples** FL Zip Code **34103**

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 *[Handwritten Signature]* **President, Southwest Property Mgt. Corp. 6/3/03**

FILE NOW, FEE IS \$61.25

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 D	SPARTA, DENISE <input checked="" type="checkbox"/> Delete
NAME	8610 PEBBLEBROOKE DR
STREET ADDRESS	NAPLES, FL 34119
CITY-ST-ZIP	
TITLE D	PASCHEL, JIM <input checked="" type="checkbox"/> Delete
NAME	8610 PEBBLEBROOKE DR
STREET ADDRESS	NAPLES, FL 34119
CITY-ST-ZIP	
TITLE D	FERRIERA, THERESA <input type="checkbox"/> Delete
NAME	8610 PEBBLEBROOKE DR
STREET ADDRESS	NAPLES, FL 34119
CITY-ST-ZIP	
TITLE D	WILLIAMS, JOHN <input type="checkbox"/> Delete
NAME	8610 PEBBLEBROOKE DR
STREET ADDRESS	NAPLES, FL 34119
CITY-ST-ZIP	
TITLE D	WENDEL, GREG <input checked="" type="checkbox"/> Delete
NAME	8610 PEBBLEBROOKE DR
STREET ADDRESS	NAPLES, FL 34119
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	SPARTA, Nicholas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	180 Skipping Stone Ln.
STREET ADDRESS	NAPLES, FL 34119
CITY-ST-ZIP	
TITLE VD	FOWLE, Tom <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	172 Skipping Stone Ln.
STREET ADDRESS	NAPLES, FL 34119
CITY-ST-ZIP	
TITLE SD	Thompson, Daniel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	303 Burnt Pine Dr.
STREET ADDRESS	NAPLES, FL 34119
CITY-ST-ZIP	
TITLE TD	Williams, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	77 Burnt Pine Dr.
STREET ADDRESS	NAPLES, FL 34119
CITY-ST-ZIP	
TITLE D	DePaula, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8345 Big Acorn Cir., #603
STREET ADDRESS	Naples, FL 34119
CITY-ST-ZIP	
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 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 another title empowered.

SIGNATURE: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (10/02)