

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763415 (7)

1. Corporation Name

PEBBLEWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5295 TOWN CENTER RD STE 200
BOCA RATON FL 33486

5295 TOWN CENTER RD STE 200
BOCA RATON FL 33486

3. Date Incorporated or Qualified
05/24/1982

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o CMD Management, Inc.

26 c/o CMD Management, Inc.

4. FEI Number

59-2205368

Applied For

Not Applicable

Suite, Apt. #, etc.

22 3082 Jog Road

Suite, Apt. #, etc.

27 3082 Jog Road

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Lake Worth, Florida

City & State

28 Lake Worth, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33467

Country

25 USA

Zip

29 33467

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ISAACSON, WILLIAM K.~~
~~% LANG MANAGEMENT COMPANY, INC.~~
~~5295 TOWN CENTER ROAD STE 200~~
~~BOCA RATON FL 33486~~

81 Name David C. Rosenthal

82 Street Address (P.O. Box Number is Not Acceptable)
c/o CMD Management, Inc.

83 3082 Jog Road

84 City Lake Worth

FL 85 Zip Code 33467

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME SONTA, WILLIAM
STREET ADDRESS 11830 PEBBLEWOOD DR 111
CITY-ST-ZIP W PALM BEACH FL

TITLE PD ☐ DELETE
NAME GINN, ROBERT
STREET ADDRESS 11854 PEBBLEWOOD DR 102A
CITY-ST-ZIP W PALM BEACH FL

TITLE STD ☐ DELETE
NAME GRANITO, LORETTA
STREET ADDRESS 11830 PEBBLEWOOD DRIVE
CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Robert Ginn - President

Date

Daytime Phone #

5/14/96 (607) 990-0429

CR2E037 (12/95)