

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 C/O CMD MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33467 US | Mailing Address C/O CMD MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33467 US |
|---|---|



| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|--|---|

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 05/24/1982 | 4. FEI Number 59-2205368 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**ROSENTHAL, DAVID C
C/O CMD MANAGEMENT, INC.
3082 JOG ROAD
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

| | |
|--|--------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

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 *David C Rosenthal* DATE **2/18/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SONTA, WILLIAM | |
| STREET ADDRESS | 11830 PEBBLEWOOD DR 411- | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GINN, ROBERT | |
| STREET ADDRESS | 11854 PEBBLEWOOD DR 102A | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | GRANITO, LORETTA | |
| STREET ADDRESS | 11830 PEBBLEWOOD DRIVE | |
| CITY-ST-ZIP | W. PALM BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|-----------------------------|
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.1 TITLE | |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 11830 Pebblewood Dr. #102-C |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 11830 Pebblewood Dr. #202-C |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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: *Robert E. Ginn* **ROBERT E. GINN PRES. (561) 290-8447**

CR2E037 (10/97)