

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90518 023 ****61.25

DOCUMENT # 763415 ✓

1. Entity Name

Pebblewood Condominium Association, Inc.

D0025073

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		4. FEI Number		Applied For	
2. Principal Place of Business		3. Mailing Address		592205368		Not Applicable	
40 Wellington Management, Inc.		same		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
12785-C Forest Hill Blvd.				Wellington, FL			
Zip		Country		Zip		Country	
33414		USA					

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name John Newsome			
				Street Address (P.O. Box Number is Not Acceptable)			
				12785-C Forest Hill Blvd.			
				City Wellington		FL	Zip Code 33414

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Paul Frommelt			NAME			
STREET ADDRESS	2525 St. Anne Dr.			STREET ADDRESS			
CITY-ST-ZIP	Dubuque, IA 52001			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Arnold Hankamp			NAME			
STREET ADDRESS	1050 Prince Phillip Dr.			STREET ADDRESS			
CITY-ST-ZIP	Dubuque, IA 52003			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	William Lickle			NAME			
STREET ADDRESS	308 Island Dr.			STREET ADDRESS			
CITY-ST-ZIP	Palm Beach, FL 33480			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Robert Crinn			NAME			
STREET ADDRESS	11854 Pebblewood Dr. #102A			STREET ADDRESS			
CITY-ST-ZIP	Wellington, FL 33414			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 795764

Date

Daytime Phone #

CR2E037 (1/1/00)