

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

DOCUMENT # 763415

1. Entity Name

Pebblewood Condominium Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Wellington Management Inc.

3. Mailing Address

12785C Forest Hill Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

59-2205368

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current 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

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IN THIS SPACE

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	PD
NAME	Paul Frommelt
STREET ADDRESS	2525 St. Anne Drive
CITY- ST- ZIP	Dubuque, IA 52001
TITLE	VP D
NAME	Arnold Honkamp
STREET ADDRESS	1050 Prince Philip Dr.
CITY- ST- ZIP	Dubuque, IA 52003
TITLE	SIR D
NAME	William Lickle
STREET ADDRESS	568 Island Dr.
CITY- ST- ZIP	Palm Beach, FL 33480
TITLE	D
NAME	Robert Ginn
STREET ADDRESS	11854 Pebblewood Dr # A102
CITY- ST- ZIP	Wellington, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PAUL FROMMELT

4/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)