

05-07-2002 90239 043 ****61.25

**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
clo Wellington Management Inc.
 Suite, Apt. #, etc.
12785-C Forest Hill Blvd.

3. Mailing Address
12785C Forest Hill Blvd.
 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

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

Zip
33414

Country
USA

Zip
33414

Country
USA

**DO NOT WRITE
 IN THIS SPACE**

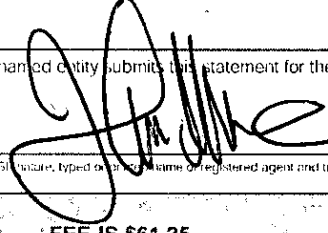
7. Name and Address of Current Registered Agent

Name
John Newsome

Street Address (P.O. Box Number is Not Acceptable)
12785-C Forest Hill Blvd.

City
Wellington FL Zip Code
33414

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:  John Newsome 3-27-02

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**

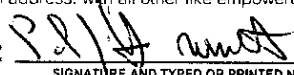
10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
 IN THIS SPACE**

CR2E037B (12/01)

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 #