

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90008 004 \*\*\*\*61.25

**DOCUMENT # 763415**

1. Entity Name  
**PEBBLEWOOD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O WELLINGTON MGMT. INC.  
12785-C FOREST HILL BLVD.  
WELLINGTON, FL 33414 US**

Mailing Address  
**12785-C FOREST HILL BLVD.  
WELLINGTON, FL 33414 US**

**54017397**



2. Principal Place of Business  
**3461-B Fairlane Farms Rd**

3. Mailing Address  
**3461-B Fairlane Farms Rd**

01092004 Chg-NP CR2E037 (10/03)

City & State  
**Wellington**

City & State  
**Wellington**

Zip  
**33414**

Country  
**USA**

Zip  
**33414**

Country  
**USA**

4. FEI Number  
**59-2205368**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**NEWSOME, JOHN  
3461-B FAIRLANE FAMRS ROAD  
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
Due by **May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROMMELT, PAUL 2525 ST ANNE DR DUBUQUE, IA 52001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HONCAMP, ARNOLD 1050 PRINCE PHILIP DR DUBUQUE, IA 52003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LICKLE, WILLIAM 568 ISLAND DR PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINN, ROBERT 11854 PEBBLEWOOD DR # 10279 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gregory Ratner 11842 Pebblewood Dr # 10B Wellington FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christine Marold 11842 Pebblewood Dr Wellington FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: by Robert E. Ginn **ROBERT E. GINN** 3/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #