


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

Suite, Apt. #, etc.

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROMMELT, PAUL <input checked="" type="checkbox"/> Delete 2525 ST ANNE DR DUBUQUE, IA 52001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete HONCAMP, ARNOLD 1050 PRINCE PHILIP DR DUBUQUE, IA 52003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete LICKLE, WILLIAM 568 ISLAND DR PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GINN, ROBERT 11854 PEBBLEWOOD DR # 10279 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gregory Ratner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11842 Pebblewood Dr # 10B Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christine Marold <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11842 Pebblewood Dr Wellington FL 33414

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 empowerments.

SIGNATURE: *by Robert E. Ginn* **ROBERT E. GINN** 3/9/04
Signature and typed or printed name of signing officer or director Date Daytime Phone #