2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 763415

10 mg



FILED
Apr 12, 2005 8:00 am
Secretary of State
0.1.10.000.5.001.01.01.0.1.0.1.0.1.0.1.0

04-12-2005 90134 010 ****61.25

1. Entity Nam PEBBLEV	WOOD CONDOMINIUM ASS	OCIATION, INC.						
Principal Place of Business 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 US Mailing Address 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 US WELLINGTON, FL 33414 US				2 (38))) (48) (7 (7))	JIMI CIBBI IIBBI ARK KINI DIRIK CIBIN	I BEDIN EIGET GEGE	H er of out	
2. Principal P	lace of Business	3. Mailing Address	ailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR2E03	7 (10/03)		
City & State	ө	City & State	City & State		8		plied For	
Zip	Country	Žip	Country	5. Certificate of St		\$8.75 Add	litional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
NEWSOME, JOHN				Name				
3461-B FAIRLANE FAMRS ROAD WELLINGTON, FL 33414				Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	3	
8. The above	named entity submits this statement for	the purpose of changing its	registered office of	or registered agent, or both. in	• —	1 amiliar with	and accent	
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 of applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees	Make check payable to Florida Department of State			
10.	OFFICERS AND DIRE	CTORS	11.		ES TO OFFICERS AND DIR	ECTORS IN	10	
TITLE	D LICANGA ADMOLD	☐ Delete	TITLE	Treasurer		Change Change	☐ Addition	
NAME STREET ADDRESS	HONCAMP, ARNOLD 1050 PRINCE PHILIP DR		NAME STREET ADORESS		•			
CITY-ST-ZIP	DUBUQUE, IA 52003		CITY-ST-ZIP		,		ĺ	
TITLE	Р	☐ Delete	TITLE	VICE Preside	int -	☐ Change	Addition	
NAME	GINN, ROBERT		NAME	Jan Brons 11854 Pepbley		10		
STREET ADDRESS CITY-ST-ZIP	11854 PEBBLEWOOD DR # 1027 WELLINGTON, FL 33414	9	STREET ADDRESS CITY-ST-2IP	11854 Deppley	MOOK IK #30	114		
	D	ST s		wellington !	rc 33414		-	
TITLE NAME	RATNER, GREGORY	Delete	TITLE NAME	Charle Ville	ery DL 201 33414	☐ Change	Addition	
STREET ADDRESS	11842 PEBBLEWOOD DR. #1013	ı	STREET ADDRESS	11830 Pebbie	wood DL 201	ب		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	We Windton FC	_33414			
TITLE	D	Delete	TITLE	•		☐ Change	☐ Addition	
NAME STREET ADDRESS	MAROLD, CHRISTINE 11842 PEBBLEWOOD DRIVE	•	NAME STREET ADORESS					
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		<u>, </u>	☐ Change	Addition	
NAME			NAME			·9*		
STREET ADDRESS	[STREET ADDRESS	•				
CITY-ST-ZIP		7	CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
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:								
SIGNAT	UHE:	DINTED NAME OF FIGURDS OFFICER	An puncaton					

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR