

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90061 009 ****61.25

| | | | | | |
|--|-------------------------------------|--|--|--|--|
| DOCUMENT # 763415 1. Entity Name PEBBLEWOOD CONDOMINIUM ASSOCIATION, 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2205368 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| NEWSOME, JOHN 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | State 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, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GINN, ROBERT | | NAME | P/D Robert Ginn | |
| STREET ADDRESS | 11854 PEBBLEWOOD DR # 10279 | | STREET ADDRESS | 11854 PEBBLEWOOD DR #102A | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | | CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VICKERY, CARLIN | | NAME | V/D | |
| STREET ADDRESS | 11830 PEBBLEWOOD DR. # 201 C | | STREET ADDRESS | S/T/D | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | | CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CLEVELAND, JANE | | NAME | D McLain, David | |
| STREET ADDRESS | 11818 PEBBLEWOOD DR APT 202D | | STREET ADDRESS | 11818 PEBBLEWOOD DR. #201D | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33414 | | CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | D Martini, Vey | |
| STREET ADDRESS | | | STREET ADDRESS | 11830 PEBBLEWOOD DR. #102C | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | D Brous, Jan | |
| STREET ADDRESS | | | STREET ADDRESS | 11854 PEBBLEWOOD DR. #201A | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: | | | 4/9/2007 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # 561-790-0429 | | |