
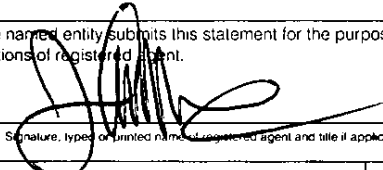
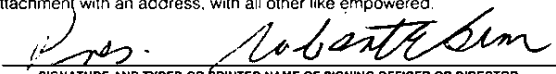


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWSOME, JOHN 3461-B FAIRLANE FARMERS ROAD WELLINGTON, FL 33414				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, 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	<i>P/D Robert Ginn</i>	
STREET ADDRESS	11854 PEBBLEWOOD DR # 10279		STREET ADDRESS	11854 PEBBLEWOOD DR #102A	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VICKERY, CARLIN		NAME	<i>V/D</i>	
STREET ADDRESS	11830 PEBBLEWOOD DR. # 201 C		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLEVELAND, JANE		NAME	<i>S/T/D</i>	
STREET ADDRESS	11818 PEBBLEWOOD DR APT 202D		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<i>D MCLAIN, DAVID</i>	
STREET ADDRESS			STREET ADDRESS	11818 PEBBLEWOOD DR. #201D	
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	<i>D MARTINI, VEY</i>	
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	<i>D BRONS, JAN</i>	
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: 			Date: 4/9/2007		Daytime Phone #: 561-790-0429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #