

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763415

FILED  
May 27, 2010  
Secretary of State

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

**Current Principal Place of Business:**

WELLINGTON MANAGEMENT INC  
3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

THE CONTINENTAL GROUP INC.  
3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

WELLINGTON MANAGEMENT INC  
3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414 US

**New Mailing Address:**

THE CONTINENTAL GROUP INC.  
3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414 US

**FEI Number:** 59-2205368      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NEWSOME, JOHN  
WELLINGTON MANAGEMENT INC  
3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

NEWSOME, JOHN  
THE CONTINENTAL GROUP INC.  
3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414 US

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.

SIGNATURE: JOHN NEWSOME

05/27/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GINN, ROBERT  
Address: 11854 PEBBLEWOOD DR #102A  
City-St-Zip: WELLINGTON, FL 33414

Title: VD  
Name: BRONS, JAN  
Address: 11854 PEBBLEWOOD DR #201A  
City-St-Zip: WELLINGTON, FL 33414

Title: TSD  
Name: CLEVELAND, JANE  
Address: 11818 PEBBLEWOOD DR #202D  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOB GINN

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05/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date