

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746339

**Entity Name:** PEBBLE SPRINGS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8751 W BROWARD BLVD  
400  
PLANTATION, FL 33324

**FILED**  
**Apr 05, 2013**  
**Secretary of State**  
**CC2314723768**

**Current Mailing Address:**

P.O. BOX 19439  
PLANTATION, FL 33318 US

**FEI Number: 59-1745077**

**Certificate of Status Desired: No**

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

WEINBERG, STEVEN AESQ  
7805 SW 6 COURT  
PLANTATION, FL 33324 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name WAYNE, MICHAEL  
Address 3990 NW 88 AVE #2D  
City-State-Zip: SUNRISE FL 33351

Title DVP  
Name BLAKE, ANGELA  
Address 4062 NW 88 AVE #2D  
City-State-Zip: SUNRISE FL 33351

Title DST  
Name TAYLOR, PATRICIA M  
Address 4060 NW 88TH AVENUE #2F  
City-State-Zip: SUNRISE FL 33351

Title D  
Name DARLINGTON, SHERON E.  
Address 4006 NW 88 AVE #1C  
City-State-Zip: SUNRISE FL 33351

Title D  
Name BLACK, SHARON  
Address 4004 NW 88 AVE #1B  
City-State-Zip: SUNRISE FL 33351

Title D  
Name DELARO, HOLLY S.  
Address 4054 NW 88 AVE #1B  
City-State-Zip: SUNRISE FL 33351

Title DIR  
Name MALONE, MARJORIE E  
Address 3990 NW 88 AVE #2-C  
City-State-Zip: SUNRISE FL 33351

Title DIR  
Name MICOLTA, MARIA P  
Address 4040 NW 88 AVE #1-C  
City-State-Zip: SUNRISE FL 33351

**Continues on page 2**

*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: MICHAEL WAYNE**

**PRESIDENT**

**04/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIR  
Name PLUMMER, SHAFRONIA  
Address PO BOX 26464  
City-State-Zip: TAMARAC FL 33320-6464