

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729736 (9)

1. Corporation Name

PEBBLE SPRINGS CONDOMINIUM ASSOCIATION OF BRADENTON, INC.

Principal Place of Business

Mailing Address

**PEBBLE SPRINGS CONDOMINIUM
6201 WEST MANATEE AVE.
BRADENTON FL 34209**

**P.O. BOX 14608
BRADENTON FL 34280-4608**



3. Date Incorporated or Qualified
05/20/1974

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1583633

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C&S CONDO MGMNT SERV INC
4301 32ND ST. W. SUITE #E14
#609
BRADENTON FL 34205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOWLING, JOHN	
STREET ADDRESS	5986 7TH AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BORKUS, ARLENE	
STREET ADDRESS	6348 7TH AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOOLPERT, PATRICIA	
STREET ADDRESS	6066 7TH AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOEFELING, MARIE	
STREET ADDRESS	6202 7TH AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHENDORF, ELAINE	
STREET ADDRESS	6138 7TH AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRUEBING, B.J.	
STREET ADDRESS	6305 MANATEE AVE., W	
CITY-ST-ZIP	BRADENTON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T Elaine Schendorf
4.3 STREET ADDRESS	6138 7th Ave W
4.4 CITY-ST-ZIP	Bradenton FL 34209
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Les Doughty
5.3 STREET ADDRESS	6218 7th Ave W
5.4 CITY-ST-ZIP	Bradenton FL 34209
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elaine Schendorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)