


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90034 043 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 729736</b>					
1. Corporation Name <b>PEBBLE SPRINGS CONDOMINIUM ASSOCIATION OF BRADENTON, INC.</b>					
Principal Place of Business <b>PEBBLE SPRINGS CONDOMINIUM 6201 WEST MANATEE AVE. BRADENTON FL 34209</b>			Mailing Address <b>P.O BOX 10674 BRADENTON FL 34282 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>05/20/1974</b> 4. FEI Number <b>59-1583633</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>C&amp;S CONDO MGMNT SERV INC 4301 32ND ST. W. SUITE #E14 SUITE C7 BRADENTON FL 34205</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 TITLE P <input checked="" type="checkbox"/> DELETE NAME <b>DOWLING, JOHN</b> STREET ADDRESS <b>5966 7TH AVE W</b> CITY-ST-ZIP <b>BRADENTON FL</b> TITLE D <input type="checkbox"/> DELETE NAME <b>DICOMES, ROBERT</b> STREET ADDRESS <b>6324 7TH AVE W</b> CITY-ST-ZIP <b>BRADENTON FL 34209</b> TITLE S <input type="checkbox"/> DELETE NAME <b>WOOLPERT, PATRICIA</b> STREET ADDRESS <b>6066 7TH AVE W</b> CITY-ST-ZIP <b>BRADENTON FL</b> TITLE T <input type="checkbox"/> DELETE NAME <b>SCHENDORF, ELAINE</b> STREET ADDRESS <b>6138 7TH AVE N</b> CITY-ST-ZIP <b>BRADENTON FL</b> TITLE D <input type="checkbox"/> DELETE NAME <b>DOUGHTY, LES</b> STREET ADDRESS <b>6218 7TH AVE W</b> CITY-ST-ZIP <b>BRADENTON FL</b> TITLE D <input type="checkbox"/> DELETE NAME <b>HEDINGER, JOHN</b> STREET ADDRESS <b>6325 MANATEE AVE W</b> CITY-ST-ZIP <b>BRADENTON FL 34209</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Kelley John</b> 1.3 STREET ADDRESS <b>5918 7th Ave W</b> 1.4 CITY-ST-ZIP <b>Bradenton Fl 34209</b> 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 <b>PD</b> <input checked="" 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 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Patricia A. Woolpert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Patricia A. Woolpert*

3-9-99

Date

941-758-9454

Daytime Phone #

CR2E037 (1/98)