

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90011 044 ****61.25

DOCUMENT # 746339

1. Entity Name

Pebble Springs Condominium Association
Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

WEST BROWARD COMM MGMT

3. Mailing Address

WEST BROWARD COMM. MGMT

40094091

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

13550 STATE ROAD 84

Suite, Apt. #, etc.

P. O. BOX 551390

City & State

DAVIE

City & State

DAVIE FL 3'

4. FEI Number

59-1745077

Applied For

Not Applicable

Zip

33-325

Country

USA

Zip

33355

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WEST BROWARD COMMUNITY MGMT, INC
Street Address (P.O. Box Number is Not Acceptable)

13550 STATE ROAD 84

City

DAVIE F

FL

Zip Code

33325

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

ANGELA FIORE

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

(NOTE: Registered Agent signature required when reinstating)

5/10/06

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	<u>P</u>
NAME	<u>BLACK, PHILLIP</u>
STREET ADDRESS	<u>4004 NW 88 AVE #1B</u>
CITY-ST-ZIP	<u>SUNRISE FL 33351</u>
TITLE	<u>V</u>
NAME	<u>FERRARI, JACK</u>
STREET ADDRESS	<u>4004 NW 88 AVE #2A</u>
CITY-ST-ZIP	<u>SUNRISE FL 33351</u>
TITLE	<u>D</u>
NAME	<u>BLAKE, ANGELA</u>
STREET ADDRESS	<u>4062 NW 88 AVE #2D</u>
CITY-ST-ZIP	<u>SUNRISE FL 33351</u>
TITLE	<u>D</u>
NAME	<u>CASWELL, PAULA</u>
STREET ADDRESS	<u>4040 NW 88 AVE #2C</u>
CITY-ST-ZIP	<u>SUNRISE FL 33351</u>
TITLE	<u>S</u>
NAME	<u>TAYLOR, PAT</u>
STREET ADDRESS	<u>4060 NW 88 AVE #2F</u>
CITY-ST-ZIP	<u>SUNRISE FL 33351</u>
TITLE	<u>T</u>
NAME	<u>WHITE, JOSEPHINE</u>
STREET ADDRESS	<u>4010 NW 88th AVE #1G</u>
CITY-ST-ZIP	<u>SUNRISE FL 33351</u>

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IN THIS SPACE**

12. 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 report or supplemental reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Angela Fiore, Pres.

5/10/06

951-472-3820

CR2E037B (12/01)