


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2007 8:00 am**  
**Secretary of State**

08-08-2007 90067 045 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # 746339</b>  |  |
| 1. Entity Name<br><b>PEBBLE SPRINGS CONDOMINIUM ASSOCIATION, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>WEST BROWARD COMM. MGMT.<br/>13550 STATE ROAD 84<br/>DAVIE, FL 33325 US</b> | Mailing Address<br><b>WEST BROWARD COMM. MGMT.<br/>PO BOX 551390<br/>DAVIE, FL 33355 US</b> |
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|---|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>8360 W Oakland Park Blvd</b> | 3. Mailing Address<br><b>PO Box 452199</b> |
|---|--|

|                                   |                     |
|-----------------------------------|---------------------|
| Suite, Apt. #, etc.<br><b>301</b> | Suite, Apt. #, etc. |
|-----------------------------------|---------------------|

|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br><b>Sunrise, FL</b> | City & State<br><b>Sunrise, FL</b> |
|------------------------------------|------------------------------------|

|                     |                           |                          |                           |
|---------------------|---------------------------|--------------------------|---------------------------|
| Zip<br><b>33351</b> | Country<br><b>Broward</b> | Zip<br><b>33345-2199</b> | Country<br><b>Broward</b> |
|---------------------|---------------------------|--------------------------|---------------------------|



07122007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number<br><b>59-1745077</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><b>WEST BROWARD COMMUNITY MGMT, INC<br/>13550 STATE ROAD 84<br/>DAVIE, FL 33325</b> | 7. Name and Address of New Registered Agent<br>Name <b>Steven A. Weinberg, Esq.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7805 SW 6 Court</b><br>City <b>Plantation</b> FL Zip Code <b>33324</b> |
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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. I am familiar with, and accept the obligations of registered agent.

|   |                           |                     |
|---|---------------------------|---------------------|
| SIGNATURE  | <b>Steven A. Weinberg</b> | DATE <b>7/16/07</b> |
|---|---------------------------|---------------------|

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|--|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|--|---|--|--|

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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>FERRARI, JACK<br>4004 NW 88TH AVE. #2A<br>SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D/VP<br>Darlington, Sharon<br>4006 NW 88 Ave #1-D<br>Sunrise, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BLACK, PHIL<br>4004 NW 88TH AVE. #1B<br>SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D/<br>Brown, Mary Ellen<br>4054 NW 88 Ave #1-A<br>Sunrise, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>TAYLOR, PAT<br>4060 NW 88TH AVENUE #2F<br>SUNRISE, FL 33351 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CASWELL, PAULA<br>4040 NW 88TH AVE. #2C<br>SUNRISE, FL 33351 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WHITE, JOSEPHINE<br>4010 NW 88TH AVE #1 G<br>SUNRISE, FL 33351 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | B.P.<br>BLAKE, ANGELA<br>4062 NW 88TH AVE #2-D<br>SUNRISE, FL 33351 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|--|--------------------|-----------------|
| SIGNATURE:  | DATE <b>8/2/07</b> | Daytime Phone # |
|--|--------------------|-----------------|