


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90083 008 ****61.25

DOCUMENT # 748081 1. Entity Name PEBBLE COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3833 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931			Mailing Address 3833 S. BANANA RIVER BLVD. COCOA BEACH, FL 32931		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIGERMAN, MARILYN A 200 NORTH FIRST STREET COCOA BEACH, FL 32931				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP CUMMENS, JEAN <input type="checkbox"/> Delete		TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3833 S BANANA RIVER BLVD 103		NAME		
STREET ADDRESS	COCOA BEACH, FL 32931		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ORSINI, LOU		NAME	Patti Caputo	
STREET ADDRESS	3833 S BANANA RIVER BLVD 202		STREET ADDRESS	3833 S Banana River Blvd	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	DST <input checked="" type="checkbox"/> Delete		TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LASCHA, GLORIA		NAME	Doug Ingram	
STREET ADDRESS	3833 S BANANA RIVER DR 301		STREET ADDRESS	3833 S Banana River Blvd	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u>Patti Caputo</u> <u>Patti Caputo</u> <u>1-31-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					