

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763415 (7)
1. Corporation Name
PEBBLEWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
5295 TOWN CENTER RD STE 200 BOCA RATON FL 33486
5295 TOWN CENTER RD STE 200 BOCA RATON FL 33486

3. Date Incorporated or Qualified 05/24/1982
3a. Date of Last Report 04/27/1995

2. Principal Place of Business 2a. Mailing Address
21 c/o CMD Management, Inc. 26 c/o CMD Management, Inc.

4. FEI Number 59-2205368
Applied For Not Applicable

22 Suite, Apt. #, etc. 3082 Jog Road
27 Suite, Apt. #, etc. 3082 Jog Road

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State Lake Worth, Florida
28 City & State Lake Worth, Florida

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33467 25 Country USA
29 Zip 33467 30 Country USA

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

~~ISAACSON, WILLIAM K.
% LANG MANAGEMENT COMPANY, INC.
5295 TOWN CENTER ROAD STE 200
BOCA RATON FL 33486~~

81 Name David C. Rosenthal
82 Street Address (P.O. Box Number is Not Acceptable) c/o CMD Management, Inc.
83 3082 Jog Road
84 City Lake Worth FL 85 Zip Code 33467

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 *David C. Rosenthal*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SONTA, WILLIAM	
STREET ADDRESS	11830 PEBBLEWOOD DR 111	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GINN, ROBERT	
STREET ADDRESS	11854 PEBBLEWOOD DR 102A	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRANITO, LORETTA	
STREET ADDRESS	11830 PEBBLEWOOD DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Ginn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Ginn - President

DATE 5/14/96

DAYTIME PHONE # (807) 990-0429

CR2E037 (12/95)