

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
May 15, 2000 8:00 am
Secretary of State

03-30-2000 90045 034 ****61.25

DOCUMENT # 763415
 1. Entity Name
Pebblewood Condominium Association, Inc.

Principal Place of Business Mailing Address
Co CHD Management, Inc.
3082 Jog Rd.
Lake Worth, FL 33467

2. Principal Place of Business 3. Mailing Address
Wellington Ngrt., Inc.
 Suite, Apt. #, etc. H. HONKAMP
12785-C Forest Hill Blvd.
2345 JFK Rd.

City & State City & State
Wellington, FL
Dubugue, IA.
 Zip Country Zip Country
33414 USA 52001 USA

4. FEI Number 59-2205368 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Rosenthal, David C.
Co CHD Management, Inc.
3082 Jog Rd
Lake Worth, FL 33467

7. Name and Address of New Registered Agent
 Name Roberte Ginn
 Street Address (P.O. Box Number is Not Acceptable)
11854 Pebblewood Dr. 102A
 City Wellington FL Zip Code 33414

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 Roberte Ginn DATE 3/27/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW
 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 | Pres. | <input type="checkbox"/> Delete |
| NAME | Ginn, Robert | |
| STREET ADDRESS | 11854 Pebblewood Dr. 102A | D |
| CITY-ST-ZIP | Wellington, FL 33414 | |
| TITLE | V-Pres. | <input type="checkbox"/> Delete |
| NAME | Paul Frommelt | |
| STREET ADDRESS | 2525 St. Anne Dr. | D |
| CITY-ST-ZIP | Dubugue, IA 52001 | |
| TITLE | Treas | <input type="checkbox"/> Delete |
| NAME | Sontz, W.H. | |
| STREET ADDRESS | 2796 Polo Island Dr. | D |
| CITY-ST-ZIP | Wellington, FL 33414 | |
| TITLE | Sec'y. | <input type="checkbox"/> Delete |
| NAME | Honkamp, Arnold | |
| STREET ADDRESS | 1050 Public Phillip Dr | D |
| CITY-ST-ZIP | Dubugue, IA 52008 | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | Granito, Joretta | |
| STREET ADDRESS | 11830 Pebblewood Dr., 202-C | |
| CITY-ST-ZIP | Wellington, FL 33414 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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: Arnold W. Honkamp Paul H. Sontz DATE 3/27/00 DAYTIME PHONE # 819-556-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)