

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763415 ✓

1. Entity Name

Pebblewood Condominium Association, Inc.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90518 023 ****61.25

D0025073

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

40 Wellington Management, Inc.

3. Mailing Address

same

Suite, Apt. #, etc.

12785C Forest Hill Blvd.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Zip

33414

Country

USA

Zip

Country

4. FEI Number

592205368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

John Newsome

Street Address (P.O. Box Number is Not Acceptable)

12785-C Forest Hill Blvd.

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

2-20-01

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME Paul Frommelt
STREET ADDRESS 2525 St. Anne Dr.
CITY-ST-ZIP Dubuque, IA 52001

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Arnold Hankamp
STREET ADDRESS 1050 Prince Phillip Dr.
CITY-ST-ZIP Dubuque, IA 52003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME William Lickle
STREET ADDRESS 88 Island Dr.
CITY-ST-ZIP Palm Beach, FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Robert Crinn
STREET ADDRESS 11854 Pebblewood Dr. #102A
CITY-ST-ZIP Wellington, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 795764

Date

Daytime Phone #

CR2E037 (1/1/00)