


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90008 004 ****61.25

DOCUMENT # 763415			
1. Entity Name PEBBLEWOOD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O WELLINGTON MGMT. INC. 12785-C FOREST HILL BLVD. WELLINGTON, FL 33414 US		Mailing Address 12785-C FOREST HILL BLVD. WELLINGTON, FL 33414 US	
2. Principal Place of Business <i>3461-B Fairlane Farms Rd</i>		3. Mailing Address <i>3461-B Fairlane Farms Rd</i>	
City & State <i>Wellington</i>		City & State <i>Wellington</i>	
Zip <i>33414</i>		Country <i>USA</i>	
4. FEI Number 59-2205368		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWSOME, JOHN 3461-B FAIRLANE FAMRS ROAD WELLINGTON, FL 33414		7. Name and Address of New Registered Agent	
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)</small>		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD FROMMELT, PAUL 2525 ST ANNE DR DUBUQUE, IA 52001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HONCAMP, ARNOLD 1050 PRINCE PHILIP DR DUBUQUE, IA 52003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LICKLE, WILLIAM 568 ISLAND DR PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINN, ROBERT 11854 PEBBLEWOOD DR # 10279 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Gregory Ratner</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>11842 Pebblewood Dr # 10B Wellington FL 33414</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Christine Marold</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>11842 Pebblewood Dr Wellington FL 33414</i>
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 empowers.			
SIGNATURE: <i>By Robert E. Ginn</i> ROBERT E. GINN		Date: <i>3/9/04</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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