

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

02-27-2002 90031 035 ****61.25

DOCUMENT # N00000004358

1. Entity Name

THE PEBBLES ARTIST COMMUNITY AT KEY WEST, INC.

Principal Place of Business

Mailing Address

501 WHITEHEAD ST.
 KEY WEST FL 33040
 US

501 WHITEHEAD ST.
 KEY WEST FL 33040
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

302 SOUTHARD ST

302 SOUTHARD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 104

SUITE 104

City & State

City & State

Key West FL

Key West FL

Zip

Country

Zip

Country

33040 US

33040

USA

4. FEI Number

65-1027998

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

THE ANDERSEN FIRM, A PROFESSIONAL CORPORAT
 501 WHITEHEAD ST.
 KEY WEST FL 33040

Name

ANN HENDERSON

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

302 SOUTHARD ST

SUITE 104

City

Key West

FL

Zip Code

33040

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/2002

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 PD
 NAME ANDERSEN, WILLIAM E Delete
 STREET ADDRESS 501 WHITEHEAD ST.
 CITY-ST-ZIP KEY WEST FL 33040

TITLE Pres Change Addition
 NAME William Buddinger
 STREET ADDRESS 504 NOAH LANE
 CITY-ST-ZIP Key West, FL 33040 D

TITLE VD Delete
 NAME INGRAM, MICHAEL
 STREET ADDRESS 604 WHITEHEAD ST.
 CITY-ST-ZIP KEY WEST FL 33040

TITLE V-P Change Addition
 NAME Peyton Buddinger
 STREET ADDRESS 504 NOAH LANE
 CITY-ST-ZIP Key West, FL 33040 D

TITLE SD Delete
 NAME CRAIG, DONALD
 STREET ADDRESS P.O. BOX 372
 CITY-ST-ZIP KEY WEST FL 33041

TITLE TRCAS Change Addition
 NAME ANN HENDERSON
 STREET ADDRESS 302 SOUTHARD ST, SUITE 104
 CITY-ST-ZIP Key West, FL 33040 D

TITLE TD Delete
 NAME WALTERS, SANDRA
 STREET ADDRESS 600 WHITE ST
 CITY-ST-ZIP KEY WEST FL 33040

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/2002

CR2E037 (9/01)