
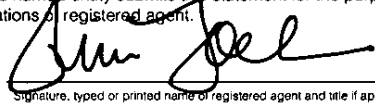
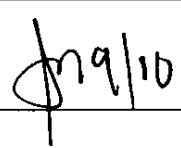
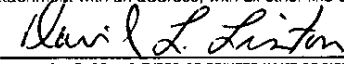


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000006326 1. Entity Name PEBBLEBROOK AT VERANDAH CONDOMINIUM ASSOCIATION, INC.						FILED 07 SEP -6 PM 4:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5801 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108				Mailing Address 5801 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MCLEOD, MICHAEL S 5801 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name TIM LOEHR Street Address (P.O. Box Number is Not Acceptable) OMNI MANAGEMENT SERVICES 27499 RIVERVIEW CENTER BLVD #134 BONITA SPRINGS FL 34134			
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 a registered agent.							
SIGNATURE 				Tim LOEHR		8/23/07	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25				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 SHIPP, ESTELLE K <input type="checkbox"/> Delete 5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID L. LISTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEITER, DAN <input type="checkbox"/> Delete 5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600109595046 03/18/07--01068--009 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNSINN, DIANA <input type="checkbox"/> Delete 5801 PELICAN BAY BOULEVARD, SUITE 600 NAPLES, FL 34108			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHAD ERON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input 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	<input 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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				DAVID L. LISTON		8/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone # 231-598-4145	