N93000002717

(F	Requestor's Name)	-
	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



300131278883

07/24/08--01003--004 **35.00

B JUL 23 AM II: 38
ECRETABY OF STATE

PACAG TRE-124

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Pebble Shores Condominium Association, Inc (Name of corporation)
DOCUMENT NUMBER: N 93000002717
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nancy Winkler (Name of person)
Sandcastle Community Management (Name of firm/company)
P.O. Box 8478 (Address)
Naples FL $34/01-8478$ (City/state and zip code)
For further information concerning this matter, please call:
Nancy Wintler at (239) 596-7206 (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State
of Florida. 1. The name of the corporation: Pebble Shores Condominium Association, Inc.
2. The principal office address: 1719 Trade Center Nay#4 Naoles FL 34109
3. The mailing address (if different): P. O. Box 8478
Naples 1-L 34101-8478
4. Date of incorporation/qualification: 06/14/1993 Document number: N9300002717
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Russell Wright - Bayview troperty Mgmt Be &
No oles El 3/110 US
(The way and street address of the way resistant agent (if above 1) and (as resistant agent 2).
6. The name and street address of the new registered agent (if changed) and /or registered office of changed): Name and street address of the new registered agent (if changed) and /or registered office of the changed): Name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) a
1719 Trade Center Way #4
Naples FL 34109
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer, chairman or vice chairman of the board) Joan Ornell, Tresident (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I haveby confirm that the corporation has been notified in writing of this change.
Hancy Nykler 7-14-08
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity) 018073:335541147741 * * * FILING FEE: \$35.00 * * * 31415 30 X841383355
* * * FILING FEE: \$35.00 * * * 31.415 30 XG ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: 00:8 HV EZ 701 8007 DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314