2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N93000002717

Entity Name: PEBBLE SHORES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8478
NAPLES, FL 341018478

New Mailing Address:

FEI Number: 65-0421551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINKLER, NANCY
SANDCASTLE COMMUNITY MANAGEMENT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: SOCHIA, FRAN
Address: 126 PEBBLE SHORES DRIVE #103
City-St-Zip: NAPLES, FL 34110

Title: PD ( ) Delete
Name: CORNELL, JOAN
Address: 96 PEBBLE SHORES DR #204
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete
Name: TAFT, ALEXANDER
Address: 180 PEBBLE SHORES DR #102
City-St-Zip: NAPLES, FL 34110

Title: VPD ( ) Delete
Name: SCHERBU, IRENE
Address: 138 PEBBLE SHORES DRIVE, #104
City-St-Zip: NAPLES, FL 34110

Title: DV ( ) Delete
Name: ROSSI, MARY
Address: 144 PEBBLE SHORES DR #103
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCHERBER, IRENE
Address: 138 PEBBLE SHORES DRIVE, #104
City-St-Zip: NAPLES, FL 34110

Title: DVP (X) Change ( ) Addition
Name: ROSSI, MARY
Address: 144 PEBBLE SHORES DR #103
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN CORNELL PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date