

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002717

FILED
Mar 11, 2010
Secretary of State

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:

1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

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:

LUTZ, VERNA
SANDCASTLE COMMUNITY MANAGEMENT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

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: VERNA LUTZ

03/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOAN CORNELL

PD

03/11/2010

Electronic Signature of Signing Officer or Director

Date