

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -2 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718346
1. Corporation Name
Pebble Bay Property Owners Association, Inc

Principal Place of Business Mailing Address
4569 Pebble Bay South P.O. Box 3073
Indian River Shores Vero Beach, FL 32964
FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 4/16/90 3a. Date of Last Report 4/17/94
4. FEI Number 59-1401730 Applied For Not Applicable
5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for franchise tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
Schoen, Robert J.
4569 Pebble Bay South
Indian River Shores, FL 32963

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	Schoen, Robert J.
STREET ADDRESS	4569 Pebble Bay South
CITY - ST - ZIP	Indian River Shores, FL 32963
TITLE	VP/D
NAME	Jones, William
STREET ADDRESS	4705 Pebble Bay Circle
CITY - ST - ZIP	Indian River Shores, FL 32963
TITLE	S
NAME	Zack, Walter
STREET ADDRESS	4645 Pebble Bay South
CITY - ST - ZIP	Indian River Shores FL 32963
TITLE	J
NAME	Jensen, Dwayne
STREET ADDRESS	4725 Pebble Bay Circle
CITY - ST - ZIP	Indian River Shores, FL 32963
TITLE	D
NAME	Curley, William
STREET ADDRESS	4614 Pebble Bay South
CITY - ST - ZIP	Indian River Shores, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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-05/04/95--01011--022
***130.00 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dwayne C. Jensen Dwayne C. Jensen 4/24/95 (407)234-1459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR