

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 718346 (0)  
1. Corporation Name  
PEBBLE BAY PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: 4596 PEBBLE BAY S. INDIAN RIVER SHORES, FL 32963  
Mailing Address: P.O. BOX 3073 VERO BEACH, FL 32964

3. Date Incorporated or Qualified: 04/16/1970  
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: 59-1401730  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
SCHOEN, ROBERT J.  
4596 PEBBLE BAY SOUTH  
INDIAN RIVER SHORES FL 32963

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	SCHOEN, ROBERT J.
STREET ADDRESS	4596 PEBBLE BAY SOUTH
CITY - ST - ZIP	INDIAN RIVER SHORES, FL 32963
TITLE	VD <input type="checkbox"/> DELETE
NAME	JONES, WILLIAM
STREET ADDRESS	4705 PEBBLE BAY CIRCLE
CITY - ST - ZIP	INDIAN RIVER SHORES, FL 32963
TITLE	S <input type="checkbox"/> DELETE
NAME	ZECK, WALTER
STREET ADDRESS	4645 PEBBLE BAY SOUTH
CITY - ST - ZIP	INDIAN RIVER SHORES, FL 32963
TITLE	D <input type="checkbox"/> DELETE
NAME	CURLEY, WILLIAM
STREET ADDRESS	4616 PEBBLE BAY S.
CITY - ST - ZIP	INDIAN RIVER SHORES FL 32963
TITLE	T <input type="checkbox"/> DELETE
NAME	JENSEN, DAYLE
STREET ADDRESS	4725 PEBBLE BAY CIR
CITY - ST - ZIP	INDIAN RIVER SHORES FL 32963
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert J. Schoen* 2/25/97 (561) 234-1459

CR2E037 (9/96)