

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90031 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 718346**  
 1. Entity Name  
**PEBBLE BAY PROPERTY OWNERS' ASSOCIATION, INC.**

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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1401730**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PP TD</b>	<input type="checkbox"/> Delete	TITLE <b>TREASURER / DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHOEN, ROBERT J.</b>		NAME	
STREET ADDRESS <b>4596 PEBBLE BAY SOUTH</b>		STREET ADDRESS	
CITY-ST-ZIP <b>INDIAN RIVER SHORES, FL 32963</b>		CITY-ST-ZIP	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KOMINSKY, ROBERT</b>		NAME <b>BRADLEY, JOYCE</b>	
STREET ADDRESS <b>4700 PEBBLE BAY CIR</b>		STREET ADDRESS <b>4631 Pebble Bay South</b>	
CITY-ST-ZIP <b>INDIAN RIVER SHORES, FL 32963</b>		CITY-ST-ZIP <b>INDIAN RIVER SHORES, FL. 32963</b>	
TITLE <b>SP PD</b>	<input type="checkbox"/> Delete	TITLE <b>PRESIDENT / DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YATES, BRENDAN</b>		NAME	
STREET ADDRESS <b>4646 PEBBLE BAY S</b>		STREET ADDRESS	
CITY-ST-ZIP <b>INDIAN RIVER SHORES, FL 32963</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MURRAY, ANN</b>		NAME	
STREET ADDRESS <b>4626 PEBBLE BAY E</b>		STREET ADDRESS	
CITY-ST-ZIP <b>INDIAN RIVER SHORES FL 32963</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ORCUTT, JOHN</b>		NAME <b>ORCUTT, JOHN</b>	
STREET ADDRESS <b>4655 PEBBLE BAY S</b>		STREET ADDRESS	
CITY-ST-ZIP <b>INDIAN RIVER SHORES FL 32963</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JONES, WENDY</b>		NAME <b>White, James</b>	
STREET ADDRESS <b>4655 PEBBLE BAY S</b>		STREET ADDRESS <b>4581 Pebble Bay South</b>	
CITY-ST-ZIP <b>INDIAN RIVER SHORES FL 32963</b>		CITY-ST-ZIP <b>INDIAN RIVER SHORES, FL. 32963</b>	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Schoen      4-04-00      (561) 234-4397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #