

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90172 044 ****61.25

DOCUMENT # 718346

1. Entity Name

PEBBLE BAY PROPERTY OWNERS' ASSOCIATION, INC.

STATE OF FLORIDA

Principal Place of Business

**4596 PEBBLE BAY S.
 INDIAN RIVER SHORES, FL 32963**

Mailing Address

**P.O. BOX 3073.
 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

59-1401730

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOEN, ROBERT J.
 4596 PEBBLE BAY SOUTH
 INDIAN RIVER SHORES FL 32963**

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	TD	<input type="checkbox"/> Delete
NAME	SCHOEN, ROBERT J.	
STREET ADDRESS	4596 PEBBLE BAY SOUTH	
CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, JOYCE	
STREET ADDRESS	4631 PEBBLE BAY SOUTH	
CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32963	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YATES, BRENDAN	
STREET ADDRESS	4646 PEBBLE BAY S	
CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, ANN	
STREET ADDRESS	4626 PEBBLE BAY E	
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORCUTT, JOHN	
STREET ADDRESS	4655 PEBBLE BAY S	
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward C. Kaladjian	
STREET ADDRESS	4700 Pebble Bay Circle	
CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **Robert J. Schoen** **4-04-02 (561-234434)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)