


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90068 031 ****61.25

DOCUMENT # 718346
1. Entity 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**



MOORE CR2E037 (11/03)

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

City & State

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

Zip: Country

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: TD NAME: SCHOEN, ROBERT J. STREET ADDRESS: 4596 PEBBLE BAY SOUTH CITY-ST-ZIP: INDIAN RIVER SHORES, FL 32963	<input type="checkbox"/> Delete
TITLE: D NAME: CUTLER, EARLE M STREET ADDRESS: 4616 PEBBLE BAY EAST CITY-ST-ZIP: INDIAN RIVER SHORES, FL 32963	<input type="checkbox"/> Delete
TITLE: PD NAME: YATES, BRENDAN STREET ADDRESS: 4646 PEBBLE BAY S CITY-ST-ZIP: INDIAN RIVER SHORES, FL 32963	<input type="checkbox"/> Delete
TITLE: D NAME: MURRAY, ANN STREET ADDRESS: 4626 PEBBLE BAY E CITY-ST-ZIP: INDIAN RIVER SHORES FL 32963	<input type="checkbox"/> Delete
TITLE: D NAME: ORCUTT, JOHN STREET ADDRESS: 4655 PEBBLE BAY S CITY-ST-ZIP: INDIAN RIVER SHORES FL 32963	<input type="checkbox"/> Delete
TITLE: S NAME: KALAILILAN, EDWARD C STREET ADDRESS: 4700 PEBBLE BAY CIRCLE CITY-ST-ZIP: INDIAN RIVER SHORES FL 32963	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Director NAME: Bradley, Joyce STREET ADDRESS: 4631 Pebble Bay South CITY-ST-ZIP: INDIAN River Shores, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 4-18-04 (772)234-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #