

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90001 034 \*\*\*\*61.25



**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



1st MOORE      CR2E037 (10/04)

Zip      Country **INDIAN RIVER**      Zip      Country **INDIAN RIVER**

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

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Joyce Bradley</b> <b>4651 Pebble Bay S.</b> <b>INDIAN RIVER SHORES FL 32963</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Daniel P. Culumber</b> <b>4666 Pebble Bay S.</b> <b>INDIAN RIVER SHORES, FL 32963</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>William C Walker</b> <b>4751 Pebble Bay Circle</b> <b>INDIAN RIVER SHORES FL 32963</b> <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
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, Treas** (772-251-4451)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #