


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90246 040 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1401730	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <i>deceased 4-16-06</i>			Name Ann C. Murray Street Address (P.O. Box Number is Not Applicable) 4626 Pebble Bay E. Indian River Shores, Fl. City FL 32963		
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 <i>Ann C. Murray - Pres.</i>		<i>Ann C. Murray</i>		DATE <i>5-5-06</i>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHOEN, ROBERT J.	NAME			
STREET ADDRESS	4596 PEBBLE BAY SOUTH	STREET ADDRESS			
CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32963 <i>deceased 4-16-06</i>	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADLEY, JOYCE	NAME			
STREET ADDRESS	4651 PEBBLE BAY SOUTH	STREET ADDRESS			
CITY-ST-ZIP	INDIAN RIVER SHOREY FL 32963	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUCUMBER, DANIEL P. <i>Culumber</i>	NAME			
STREET ADDRESS	4666 PEBBLE BAY SOUTH	STREET ADDRESS			
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURRAY, ANN	NAME	Murray, Ann		
STREET ADDRESS	4626 PEBBLE BAY E	STREET ADDRESS	4626 Pebble Bay E		
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	CITY-ST-ZIP	Indian River Shores FL 32963		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORCUTT, JOHN	NAME			
STREET ADDRESS	4655 PEBBLE BAY S	STREET ADDRESS			
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KALAILILAN, EDWARD C	NAME			
STREET ADDRESS	4700 PEBBLE BAY CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 in all other like empowered.

SIGNATURE: *Ann C. Murray* *Ann C. Murray* *May 5, 2006 772-234-9282*