

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90048 042 ****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 - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

SAME *SAME*

1st MOORE CR2E037 (10/06)
 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
MURRAY, ANN
4626 PEBBLE BAY E.
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 *Ann C. Murray* DATE *April 20, 2007*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: TS <input type="checkbox"/> Delete	NAME: BRADLEY, JOYCE
STREET ADDRESS: 4651 PEBBLE BAY SOUTH	CITY-ST-ZIP: INDIAN RIVER SHOREY FL 32963
TITLE: D <input type="checkbox"/> Delete	NAME: CULUMBER, DANIEL P
STREET ADDRESS: 4666 PEBBLE BAY SOUTH	CITY-ST-ZIP: INDIAN RIVER SHORES FL 32963
TITLE: P <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: S <input checked="" type="checkbox"/> Delete	NAME: KALAILILAN, EDWARD C
STREET ADDRESS: 4700 PEBBLE BAY CIRCLE	CITY-ST-ZIP: INDIAN RIVER SHORES FL 32963
TITLE: D <input type="checkbox"/> Delete	NAME: CLIFF NORRIS
STREET ADDRESS: 4690 PEBBLE BAY CIRCLE	CITY-ST-ZIP: VERO INDIAN RIVER SHORES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: President and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: CLIFF NORRIS	
STREET ADDRESS: 4690 PEBBLE BAY CIRCLE	
CITY-ST-ZIP: VERO INDIAN RIVER SHORES FL	

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, with all other like empowered.

SIGNATURE *Ann C. Murray - Ann C. Murray - President* Date *4-20-07* Daytime Phone # *771-734 9280*