

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/17/2008-90016-043-\$8.75-\$8.75

FILED

2008 APR 14 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/07)

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1401730		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> No: Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 <i>Ann C. Murray</i>		DATE <i>April 2, 2008</i>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	S BRADLEY, JOYCE 4651 PEBBLE BAY SOUTH INDIAN RIVER SHOREY FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brenda Yates 4646 Pebble Bay So. Indian River Shores Fl. 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULUMBER, DANIEL P 4666 PEBBLE BAY SOUTH INDIAN RIVER SHORES FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000123274250 04/14/08--01049--002 **52.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MURRAY, ANN 4626 PEBBLE BAY E INDIAN RIVER SHORES FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORCUTT, JOHN 4655 PEBBLE BAY S INDIAN RIVER SHORES FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, CLIFF 4690 PEBBLE BAY CIRCLE INDIAN RIVER SHORES FL 32963 <input type="checkbox"/> Delete	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"/> Delete	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 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 my address, with all other like empowered.			
SIGNATURE: <i>Ann C. Murray</i>		Date <i>3/6/08</i> 771-234-9282	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	