

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90292 007 \*\*\*\*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

Zip

Country

Zip

Country

4. FEI Number **59-1401730**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHOEN, ROBERT J.</b>	
STREET ADDRESS	<b>4596 PEBBLE BAY SOUTH</b>	
CITY-ST-ZIP	<b>INDIAN RIVER SHORES, FL 32963</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRADLEY, JOYCE</b>	
STREET ADDRESS	<b>4631 PEBBLE BAY SOUTH</b>	
CITY-ST-ZIP	<b>INDIAN RIVER SHORES, FL 32963</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>YATES, BRENDAN</b>	
STREET ADDRESS	<b>4646 PEBBLE BAY S</b>	
CITY-ST-ZIP	<b>INDIAN RIVER SHORES, FL 32963</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, ANN</b>	
STREET ADDRESS	<b>4626 PEBBLE BAY E</b>	
CITY-ST-ZIP	<b>INDIAN RIVER SHORES FL 32963</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ORCUTT, JOHN</b>	
STREET ADDRESS	<b>4655 PEBBLE BAY S</b>	
CITY-ST-ZIP	<b>INDIAN RIVER SHORES FL 32963</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KALADJIAN, Edward C.</b>	
STREET ADDRESS	<b>4700 Pebble Bay Circle</b>	
CITY-ST-ZIP	<b>INDIAN RIVER SHORES, FL 32963</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUTLER, FRANK M.</b>	
STREET ADDRESS	<b>4616 PEBBLE BAY EAST</b>	
CITY-ST-ZIP	<b>INDIAN RIVER SHORES, FL 32963</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 RECEIVED Robert J. Schoen, 4-14-03 772-234-4827

CR2E037 (10/02)