

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91186 007 \*\*\*\*61.25

**DOCUMENT # 746121**

1. Entity Name

**PEBBLE BEACH VILLAGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 1221  
 FLAGLER BCH FL 32136-1006

P O BOX 1221  
 FLAGLER BCH FL 32136-1006

00125134



DO NOT WRITE IN THIS SPACE

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

**59-2206554**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROUNTREE, WYCLIFFE V JR**  
**47 PEBBLE BEACH CIRCLE**  
**FLAGLER BEACH FL 32136**

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.

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VPD**  Delete  
 NAME: **SCOTT, NICK**  
 STREET ADDRESS: **735 LORIDANS DR. NE**  
 CITY-ST-ZIP: **ATLANTA GA 30342**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **VPD**  Delete  
 NAME: **VATH, RON**  
 STREET ADDRESS: **301 N. FLAGLER AVE.**  
 CITY-ST-ZIP: **FLAGLER BEACH FL 32136**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **VPD**  Delete  
 NAME: **PARADYSZ, BOB**  
 STREET ADDRESS: **39 PEBBLE BEACH CIRCLE**  
 CITY-ST-ZIP: **FLAGLER BEACH FL 32136**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **PD**  Delete  
 NAME: **ROUNTREE, WYCLIFFE**  
 STREET ADDRESS: **47 PEBBLE BEACH CIR**  
 CITY-ST-ZIP: **FLAGLER BEACH FL 32136**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **TD**  Delete  
 NAME: **LAHIFF, KATHLEEN**  
 STREET ADDRESS: **68 BEACHWOOD DR.**  
 CITY-ST-ZIP: **FLAGLER BEACH FL 32136**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  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: *Wycliffe V. Rountree, Jr.* **Wycliffe V. Rountree, Jr.**  
 DATE: **April 14, 2002**  
 DAYTIME PHONE: **386-439-7772**

CR2037 (9/01)