


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-18-2004 90007 003 ****61.25

DOCUMENT # 746121					
1. Entity Name PEBBLE BEACH VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 1221 FLAGLER BCH FL 32136-1006			Mailing Address P O BOX 1221 FLAGLER BCH FL 32136-1006		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2206554	
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		
ROUNTREE, WYCLIFFE V. JR 47 PEBBLE BEACH CIRCLE FLAGLER BEACH FL 32136			Name: <u>GEORGIANNE PETERS</u> Street Address (P.O. Box Number is Not Acceptable): <u>34 PEBBLE BEACH CIRCLE</u> <u>FLAGLER BEACH FLORIDA</u> City: <u>FL</u> Zip Code: <u>32136</u>		
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: <u>Georgianne Peters</u>		(NOTE: Registered Agent signature required when reinstating)		DATE: <u>4/13/04</u>	
FILE NOW: FEE IS \$61.25 Due By May 15, 2004		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	VPD VATH, RON 301 N. FLAGLER AVE. FLAGLER BEACH FL 32136 <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	VPD PARADYSZ, BOB 39 PEBBLE BEACH CIRCLE FLAGLER BEACH FL 32136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEONARD, WALTER 126 ORNAIRE TERRACE, NORTH ORMOND-BY- THE-SEA, FL 32176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROUNTREE, WYCLIFFE 47 PEBBLE BEACH CIR FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAHIFF, KATHLEEN 68 BEACHWOOD DR. FLAGLER BEACH FL 32136 <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	PD GEORGIA PETERS 34 PEBBLE BEACH CIRCLE FLAGLER BEACH, FL 32136 <input type="checkbox"/> Change <input checked="" 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 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: <u>Georgianne Peters</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/13/04</u> 386 547-1572	