

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90258 023 \*\*\*\*61.25

**DOCUMENT # 746121**  
 1. Entity Name  
**PEBBLE BEACH VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 P O BOX 1221      P O BOX 1221  
 FLAGLER BCH FL 32136-1006      FLAGLER BCH FL 32136-1006

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**



1st MOORE      CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**PETERS, GEORGIANNE**  
**34 PEBBLE BEACH CIR.**  
**FLAGLER BEACH FL 32136**

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 *Georgianne Peters*      DATE *3/2/2005*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 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 | VPD WALTER, LEONARD 126 OCEANAIRE TERR. NORTH ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROUNTREE, WYCLIFFE 47 PEBBLE BEACH CIR FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LAHIFF, KATHLEEN 68 BEACHWOOD DR. FLAGLER BEACH FL 32136 <input checked="" type="checkbox"/> Delete         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PETERS, GEORGIA 34 PEBBLE BEACH CIRCLE FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | VPD Linda Scott 15 Sunset Cove Flagler Beach, FL 32136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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"/> Change <input type="checkbox"/> Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | Secretary Janet Belles 16 Sunset Cove Flagler Beach, FL 32136 <input type="checkbox"/> Change <input checked="" 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: *Georgianne Peters*      DATE: *3/2/2005*      DAYTIME PHONE #: *386 517-1572*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #