
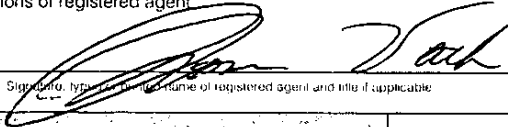


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90079 040 ****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			
Zip	Country	Zip	Country	4. FEI Number 59-2206554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
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 RONALD VATH Street Address (P.O. Box Number is Not Acceptable) 301-N. FLAGLER AVE. City FLAGLER BEACH FL Zip Code 32136		
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 			DATE 3/27/06		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VATH, RON		NAME		
STREET ADDRESS	301 N. FLAGLER AVE.		STREET ADDRESS		
CITY-ST-ZIP	FLAGLER BEACH FL 32136		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	P, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, LINDA		NAME	Rolayne Wood	
STREET ADDRESS	15 SUNSET COVE		STREET ADDRESS	52 Pebble Beach Circle	
CITY-ST-ZIP	FLAGLER BEACH FL 32136		CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Robert Phillips	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUNTREE, WYCLIFFE		NAME	50 Pebble Beach Circle	
STREET ADDRESS	47 PEBBLE BEACH CIR		STREET ADDRESS	Flagler Beach, FL 32136	
CITY-ST-ZIP	FLAGLER BEACH FL 32136		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Richard Price	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELLAS, JANET		NAME	49 Pebble Beach Circle	
STREET ADDRESS	16 SUNSET COVE		STREET ADDRESS	Flagler Beach, FL 32136	
CITY-ST-ZIP	FLAGLER BEACH FL 32136		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, GEORGIA		NAME		
STREET ADDRESS	34 PEBBLE BEACH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FLAGLER BEACH FL 32136		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

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 an address with all other like empowered.

SIGNATURE:  Rolayne L. Wood 3-27-06 906-439-1276