


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90068 017 \*\*\*\*61.25

<b>DOCUMENT # 746121</b>					
1. Entity Name <b>PEBBLE BEACH VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2206554</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VATH, RONALD</b> 301-N FLAGLER AVE FLAGLER BEACH, FL 32136			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VATH, RON	NAME	Belles, Janet		
STREET ADDRESS	PO BOX 2506	STREET ADDRESS	16 Sunset Cove		
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	Flagler Beach, FL 32136		
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, LINDA	NAME			
STREET ADDRESS	15 SUNSET COVE	STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERS, MIKE	NAME			
STREET ADDRESS	70 BEACHWOOD DR	STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THILBAULT, LEONARD	NAME			
STREET ADDRESS	37 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			
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Linda Scott</u> _____ DATE _____ DAYTIME PHONE # _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					