

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746121

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** PEBBLE BEACH VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

BEACHWOOD DRIVE  
FLAGLER BCH, FL 32136 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1221  
FLAGLER BCH, FL 32136 US

**New Mailing Address:**

**FEI Number:** 59-2206554      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLAGLER PALM COAST PROPERTY MANAGEMENT, IN  
50 LEANNI WAY  
SUITE B6  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: VATH, RON  
Address: PO BOX 2506  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: PD  
Name: REITTER, WERNER  
Address: 34 PEBBLE BEACH CIRCLE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: D  
Name: PIERS, MIKE  
Address: 70 BEACHWOOD DR  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VD  
Name: CURL, KEITH  
Address: 53 PEBBLE BEACH CIRCLE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: SD  
Name: CHAREST, CLIVE  
Address: 4 WINDSONG COVE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WERNER REITTER

PRES

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date