

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:22

DOCUMENT # **N09019** (3)

1. Corporation Name  
**PEBBLE BEACH PROPERTY OWNERS ASSOC., INC.**

Principal Place of Business Mailing Address  
**906 PEBBLE LANE P.O. BOX 8083**  
**VERO BEACH FL 32963 VERO BEACH FL 32963-8083**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/01/1985</b>	3a. Date of Last Report <b>08/04/1994</b>
4. FEI Number <b>59-2632683</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**GREEN, DAVID A.**  
**906 PEBBLE LANE**  
**VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-4-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>SARDELLA, JOANNE</b>
STREET ADDRESS	<b>906 PEBBLE LANE</b>
CITY - ST - ZIP	<b>VERO BEACH FL 32963</b>
TITLE	<b>SD</b>
NAME	<b>BELLOW, NATASHA A.</b>
STREET ADDRESS	<b>905 PEBBLE LN.</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>GREEN, DAVID</b>
STREET ADDRESS	<b>906 PEBBLE LANE</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>JOANNE SARDELLA</b>	
13 STREET ADDRESS	<b>906 PEBBLE LANE</b>	
14 CITY - ST - ZIP	<b>VERO BEACH FL 32963</b>	
21 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>John Cook</b>	
23 STREET ADDRESS	<b>926 Pebble Lane</b>	
24 CITY - ST - ZIP	<b>Vero Beach FL 32963</b>	
31 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>DAVID GREEN</b>	
33 STREET ADDRESS	<b>VERO BEACH FL 32963</b>	
34 CITY - ST - ZIP	<b>906 PEBBLE LANE</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-4-95** (407) 564-2303