FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am **DOCUMENT # N09019 Secretary of State** 1. Entity Name 02-21-2002 90172 048 ****61.25 PEBBLE BEACH PROPERTY OWNERS ASSOC., INC. Principal Place of Susiness Mailing Address 905 PEBBLE LANE P.O. BOX 8083 VERO BEACH FL 32963 VERO BEACH FL 32963-8083 2. Principal Place of Business 3. Mailing Address 945 Reef Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Vero Beach FL City & State Applied For 4. FEI Number 59-2632683 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32963 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Christopher Vann Street Address (P.O. Box Number is Not Acceptable) 945 Reef Lane DALTON, THOMAS 905 PEBBLE LANE VERO BEACH FL 32963 Vero Beach zig 29963 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. Christopher Vann Januarv 24. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition PD ▼ Change TITLE ☐ Delete TITLE E037 (9/01 P/D Christopher Vann NAME NAME DALTON, THOMAS 945 Reef Lane STREET ADDRESS STREET ADDRESS 905 PEBBLE LANE Vero Beach FL 32963 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE TD ☐ Delete TITLE Change ☐ Addition NAME MAME SARDELLA, JOANNE STREET ADDRESS STREET ADDRESS 936 PEBBLE LANE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE ☐ Delete TITLE K Change ☐ Addition NAME COOK, JOHN NAME Sofia-Blanchard---STREET ADDRESS STREET ADDRESS 906 PEBBLE LANE 925 Surf Lane CITY-ST-ZIP CITY - ST-ZIP VERO BEACH FL Vero Beach FL 32963 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TIT1 F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 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 on the last 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 pame are in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher Vann

January 24, 2002