

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 22, 2004
Secretary of State**

DOCUMENT# N09019

Entity Name: PEBBLE BEACH PROPERTY OWNERS ASSOC., INC.

Current Principal Place of Business:

945 REEF LANE
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8083
VERO BEACH, FL 329638083

New Mailing Address:

FEI Number: 59-2632683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER, VANN
945 REEF LANE
VERO BEACH, FL 32963 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: PD () Delete
Name: DAVIS, LORI
Address: 935 REEF LANE
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: SARDELLA, JOANNE
Address: 936 PEBBLE LANE
City-St-Zip: VERO BEACH, FL

Title: VPD () Delete
Name: VANN, CHRISTOPHER
Address: 945 REEF LANE
City-St-Zip: VERO BEACH, FL

Title: VPD () Delete
Name: SOFIA, BLANCHARD
Address: 925 SURF LANE
City-St-Zip: VERO BEACH, FL 32963

Title: SEC () Delete
Name: DAVIS, JIM
Address: 935 REEF LANE
City-St-Zip: VERO BEACH, FL 32963

Title: SEC () Delete
Name: SARDELLA, JOANNE
Address: 936 PEBBLE LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LORI DAVIS

PD

03/22/2004

Electronic Signature of Signing Officer or Director

Date