

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746121

**FILED**  
**Feb 06, 2014**  
**Secretary of State**  
**CC4263554586**

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

**Current Principal Place of Business:**

BEACHWOOD DRIVE  
FLAGLER BCH, FL 32136

**Current Mailing Address:**

P O BOX 1221  
FLAGLER BCH, FL 32136 US

**FEI Number: 59-2206554**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

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

Title PD  
Name MILLER, PATRICIA  
Address 3420 LAKE HARNEY CIRCLE  
City-State-Zip: GENEVA FL 32732

Title D  
Name OMEARA, JIM  
Address 13 WINDSONG COVE  
City-State-Zip: FLAGLER BEACH FL 32136

Title VD  
Name CLERKE, JANET  
Address 65 BEACHWOOD DRIVE  
City-State-Zip: FLAGLER BEACH FL 32136

Title SD  
Name TERRY, EARL  
Address 104 BENJAMIN DRIVE  
City-State-Zip: HAWTHORNE FL 32640

*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: PATRICIA MILLER**

**PRESIDENT**

**02/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date