

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2006
Secretary of State**

DOCUMENT# N94000005992

Entity Name: PABLO CREEK CLUB, INC.

Current Principal Place of Business:

5660 SAN PABLO RD. S.
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

5660 SAN PABLO RD. S.
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-3282892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKELTON, H J
5660 SAN PABLO RD. S.
JACKSONVILLE, FL 32224 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: D () Delete
Name: BAKER, EDWARD L
Address: POST OFFICE BOX 4667 N/A
City-St-Zip: JACKSONVILLE, FL 322014667

Title: D () Delete
Name: PAXSON, WESLEY C SR.
Address: 801 PONTE VEDRA BOULEVARD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: SKELTON, H J
Address: 5660 SAN PABLO RD. S.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: UIBLE, JOHN D
Address: 225 WATER STREET 11TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: WALKER, BILLY J
Address: 225 WATER STREET 11TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: THOMPSON, KEN
Address: 5660 SAN PABLO RD S
City-St-Zip: JACKSONVILLE, FL 32224

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
Name:
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 Chapter 119, 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: OLGA MOSTELLER

Electronic Signature of Signing Officer or Director

MRS.

01/19/2006

Date