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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400005992 (2)

Corporation Name		.000000		1-1
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PABLO CREEK CLUB, INC. Principal Place of Business Mailing Address 5050 EDGEWOOD COURT 5050 EDGEWOOD COURT JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1994 06/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3282892 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SKELTON, H J R2 Street Address (P.O. Box Number is Not Acceptable) **5050 EDGEWOOD COURT** 83 JACKSONVILLE FL 32254 City Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition NAME BAKER, EDWARD L 1.2 NAME CR2E037 POST OFFICE BOX 4667 N/A STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32201-4667 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition PAXSON, WESLEY C SR. NAME 2.2 NAME **801 PONTE VEDRA BOULEVARD** STREET ADDRESS 2.3 STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ■ Addition Change SKELTON, H J NAME 32 NAME STREET ADDRESS 5050 EDGEWOOD COURT 33 STREET ADDRESS JACKSONVILLE FL 32254-3699 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Addition 4.1 TITLE Change NAME **UIBLE, JOHN D** 4. 2 NAME 225 WATER STREET 11TH FLOOR STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE ☐ Change Addition NAME WALKER, BILLY J 5 2 NAME STREET ADDRESS 225 WATER STREET 11TH FLOOR 5.3 STREET ADDRESS JACKSONVILLE FL 32202 CITY - ST - ZIE 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS C(TY-ST-ZIP 6.4 CITY - ST - ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #