

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005992

Entity Name: PABLO CREEK CLUB, INC.

Current Principal Place of Business:

5660 SAN PABLO RD. S.
JACKSONVILLE, FL 32224

Current Mailing Address:

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

FEI Number: 59-3282892

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KNIGHT, C. FINLEY JR
5660 SAN PABLO RD. S.
JACKSONVILLE, FL 32224 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 PRESIDENT
Name KNIGHT, C. FINLEY JR
Address 5660 SAN PABLO RD. S.
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name PAXSON, WESLEY CSR.
Address 5660 SAN PABLO RD. S.
City-State-Zip: JACKSONVILLE FL 32224

Title TREASURER
Name UIBLE, JOHN D
Address 5660 SAN PABLO RD. S.
City-State-Zip: JACKSONVILLE FL 32224

Title VP
Name WALKER, BILLY J
Address 5660 SAN PABLO RD. S.
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name PELHAM, PINKY
Address 5660 SAN PABLO RD. S.
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name BAKER, TOM
Address 5660 SAN PABLO RD. S.
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name LESTER, FRED
Address 5660 SAN PABLO RD. S.
City-State-Zip: JACKSONVILLE FL 32224

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: C. FINLEY KNIGHT

PRESIDENT

01/27/2014

Electronic Signature of Signing Officer/Director Detail

Date