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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005992 (2)

1. Corporation Name

PABLO CREEK CLUB, INC.



Principal Place of Business

Mailing Address

5050 EDGEWOOD COURT  
JACKSONVILLE FL 32254

5050 EDGEWOOD COURT  
JACKSONVILLE FL 32254-3601

3. Date Incorporated or Qualified  
12/01/1994

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 5660 San Pablo Rd. S.

26 5660 San Pablo Rd. S.

4. FEI Number

59-3282892

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

Additional Fee Required  
\$8.75

23 City & State

Jacksonville, FL

27 City & State

Jacksonville, FL

6. Election Campaign Financing Trust Fund Contribution

Added to Fees  
\$5.00

24 Zip

Country

32224

25 Duval

29 Zip

Country

32224

30 Duval

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKELTON, H J  
5050 EDGEWOOD COURT  
JACKSONVILLE FL 32254

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
5660 San Pablo Rd. S.

83

84 City Jacksonville

FL

85 Zip Code 32224

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. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE  
NAME BAKER, EDWARD L  
STREET ADDRESS POST OFFICE BOX 4687 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32201-4687

1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D DELETE  
NAME PAXSON, WESLEY C SR.  
STREET ADDRESS 801 PONTE VEDRA BOULEVARD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D DELETE  
NAME SKELTON, H J  
STREET ADDRESS 5050 EDGEWOOD COURT  
CITY-ST-ZIP JACKSONVILLE FL 32254-3699

3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS 5660 San Pablo Rd. S.  
3.4 CITY-ST-ZIP Jacksonville FL 32224

TITLE D DELETE  
NAME UIBLE, JOHN D  
STREET ADDRESS 225 WATER STREET 11TH FLOOR  
CITY-ST-ZIP JACKSONVILLE FL 32202

4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D DELETE  
NAME WALKER, BILLY J  
STREET ADDRESS 225 WATER STREET 11TH FLOOR  
CITY-ST-ZIP JACKSONVILLE FL 32202

5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*H. J. Skelton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 904-223-7503  
Date Daytime Phone # 0006763

CR2E037 (9/96)