

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007352

Entity Name: PABLO BAY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**327 OFFICE PLAZA DRIVE
211
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 12412
TALLAHASSEE, FL 32317 US**FEI Number:** 59-3620491**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROWAND, THOMAS
327 OFFICE PLAZA DRIVE
211
TALLAHASSEE, FL 32301 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:** THOMAS ROWAND

04/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------|
| Title | SECRETARY |
| Name | CONLEY, BILL |
| Address | PO BOX 12412 |
| City-State-Zip: | TALLAHASSEE FL 32317 |

| | |
|-----------------|----------------------|
| Title | TREASURER |
| Name | LAWLESS, PETER |
| Address | PO BOX 12412 |
| City-State-Zip: | TALLAHASSEE FL 32317 |

| | |
|-----------------|----------------------|
| Title | PRESIDENT |
| Name | ZAMBETTI, MICHAEL |
| Address | PO BOX 12412 |
| City-State-Zip: | TALLAHASSEE FL 32317 |

| | |
|-----------------|----------------------|
| Title | MANAGEMENT |
| Name | ROWAND, THOMAS |
| Address | PO BOX 12412 |
| City-State-Zip: | TALLAHASSEE FL 32317 |

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: THOMAS ROWAND

MANAGEMENT

04/01/2021

Electronic Signature of Signing Officer/Director Detail

Date