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: TOM ROWAND

City-State-Zip: TALLAHASSEE FL 32317

Electronic Signature of Signing Officer/Director Detail

MANAGEMENT

City-State-Zip: TALLAHASSEE FL 32317

04/07/2022

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.

	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	SECRETARY	Title	TREASURER		
Name	CONLEY, BILL	Name	LAWLESS, PETER		
Address	PO BOX 12412	Address	PO BOX 12412		
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317		
Title	PRESIDENT	Title	MANAGEMENT		
Name	ZAMBETTI, MICHAEL	Name	ROWAND, TOM		
Address	PO BOX 12412	Address	PO BOX 12412		

SIGNATURE: TOM ROWAND

#### 327 OFFICE PLAZA DRIVE 211 TALLAHASSEE, FL 32301

**Current Principal Place of Business:** 

DOCUMENT# N99000007352

# **Current Mailing Address:**

PO BOX 12412 TALLAHASSEE, FL 32317 US

### FEI Number: 59-3620491

## Name and Address of Current Registered Agent:

ROWAND, TOM 327 OFFICE PLAZA DRIVE 211 TALLAHASSEE, FL 32301 US

# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: PABLO BAY HOMEOWNERS ASSOCIATION, INC.

Date

### FILED Apr 07, 2022 Secretary of State 5490363007CC

04/07/2022

Certificate of Status Desired: No