

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90086 010 ****61.25

DOCUMENT # N99000007352

1. Entity Name

PABLO BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4314 PABLO OAKS CT.
JACKSONVILLE FL 32224**

Mailing Address

**4314 PABLO OAKS CT.
JACKSONVILLE FL 32224**

2. Principal Place of Business

920 THIRD STREET

Suite, Apt. #, etc.
STE B

City & State
NEPTUNE BEACH, FL

Zip Country
32266 US

3. Mailing Address

920 THIRD STREET

Suite, Apt. #, etc.
STE B

City & State
NEPTUNE BEACH, FL

Zip Country
32266 US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3620491**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~EDWARDS, TONYA P~~
~~4314 PABLO OAKS CT.~~
~~JACKSONVILLE FL 32224~~

7. Name and Address of New Registered Agent

L. DENISE WALLACE

920 THIRD STREET

STE B

JACKSONVILLE

FL

Zip Code
32266

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

L. Denise Wallace

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BARBOUR, GREGORY J**
STREET ADDRESS **4314 PABLO OAKS CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Delete
NAME **OWENS, LAUREN L**
STREET ADDRESS **4314 PABLO OAKS CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☒ Delete
NAME **EDWARDS, TANYA P**
STREET ADDRESS **4314 PABLO OAKS CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Delete
NAME **KLINEPETER, ANNE T**
STREET ADDRESS **4314 PABLO OAKS CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne T. Klinepeter **1/27/03 904-992-9750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)