

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90143 048 ****61.25

DOCUMENT # N99000007352					
1. Entity Name PABLO BAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266			Mailing Address 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3620491	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLACE, DENISE L 920 THIRD STREET STE. B NEPTUNE BEACH, FL 32266			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME BESTIC, KATIE STREET ADDRESS 13767 WINGFIELD PL CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		TITLE 1VD NAME Proehl, David STREET ADDRESS 3594 Waterchase Way West CITY-ST-ZIP Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE 1VD NAME CASE, HILARY STREET ADDRESS 13924 WHITE HERON PL CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Case, Hilary STREET ADDRESS 13924 White Heron Place CITY-ST-ZIP Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE 2VD NAME HOLMES, BRET A STREET ADDRESS 3731 GOLDEN REEDS LANE CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		TITLE 2VD NAME Selmon, Clarice STREET ADDRESS 13949 White Heron Place CITY-ST-ZIP Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME ROSENBLATT, WILLIAM P STREET ADDRESS 13844 WATERCHASE WAY CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME TOUTAIN, MARK STREET ADDRESS 3815 PAINTED BUNTING WAY CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>William Rosenblatt</i> William Rosenblatt 3-28-07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

904 - 992 - 8088