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Secretary of State
03-01-2006 90017 003 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008752

1. Entity Name
CABO BLANCO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1671 FRANCIS AVE. ATLANTIC BEACH, FL 32233	1671 FRANCIS AVE. ATLANTIC BEACH, FL 32233

02222006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1045 CABO BLANCO AVE. Suite, Apt. #, etc.	1045 CABO BLANCO AVE. Suite, Apt. #, etc.
City & State: ATLANTIC BEACH, FL. Zip: 32233 Country: U.S.A.	City & State: ATLANTIC BEACH, FL. Zip: 32233 Country: U.S.A.

4. FEI Number 75-3044498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALL, HAYWOOD M 50 N. LAURA ST., STE. 2925 JACKSONVILLE, FL 32202	Name: FERNANDO E. SOLA Street Address (P.O. Box Number is Not Acceptable): 1045 CABO BLANCO AVE. City: ATLANTIC BEACH FL Zip Code: 32233

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: _____ FERNANDO E. SOLA 02-22-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KINAPP, AMY 1046 CABO BLANCO AVE ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KNAPP, AMY 1046 CABO BLANCO AVE. ATLANTIC BEACH, FL. 32233	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MITHCELL, JOHN 1028 E CABO BLANCO AVE JACKSONVILLE, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOLA, CHRISTINA 1045 CABO BLANCO AVE JACKSONVILLE, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOLA, CRISTINA 1045 CABO BLANCO AVE. ATLANTIC BEACH, FL. 32233	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RHONE, VANESSA 986 E CABO BLANCO AVE JACKSONVILLE, FL 32233	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SOLA, FERNANDO E. 1045 CABO BLANCO AVE. ATLANTIC BEACH, FL. 32233	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ FERNANDO E. SOLA 02-22-06 (904) 742-5268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #