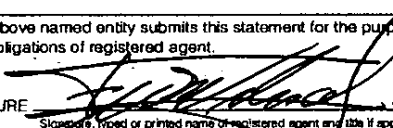
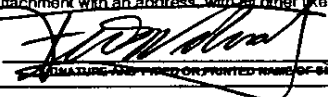


FILED
Mar 01, 2006 8:00 am
Secretary of State

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 1671 FRANCIS AVE. ATLANTIC BEACH, FL 32233		Mailing Address 1671 FRANCIS AVE. ATLANTIC BEACH, FL 32233	
2. Principal Place of Business 1045 CABO BLANCO AVE. Suite, Apt. #, etc.		3. Mailing Address 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 BALL, HAYWOOD M 50 N. LAURA ST., STE. 2925 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent 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		Date Daytime Phone #	