


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000008752 1. Entity Name CABO BLANCO HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1045 CABO BLANCO AVE ATLANTIC BEACH, FL 32233	Mailing Address 1045 CABO BLANCO AVE ATLANTIC BEACH, FL 32233
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01142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

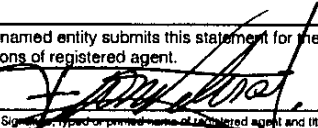
4. FEI Number 75-3044498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SOLA, FERNANDO E
1045 CABO BLANCO AVE
ATLANTIC BEACH, FL 32233**

DO NOT WRITE IN THIS SPACE

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 terminating) 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
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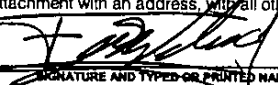
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNAPP, AMY 1046 CABO BLANCO AVE ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITHCELL, JOHN 1028 E CABO BLANCO AVE JACKSONVILLE, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLA, CRISTINA 1045 CABO BLANCO AVE JACKSONVILLE, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLA, FERNANDO E 1045 CABO BLANCO AVE ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000594857
01/23/07-80015-018 61.25

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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 SOLA** 1-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #