

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N01000008752

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



Principal Place of Business
**1045 CABO BLANCO AVE
ATLANTIC BEACH, FL 32233**

Mailing Address
**1045 CABO BLANCO AVE
ATLANTIC BEACH, FL 32233**



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	
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01/25/08-80002-011 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #