

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 07, 2006
Secretary of State

DOCUMENT# N03000003699

Entity Name: HARBORTOWN AT PABLO CREEK MASTER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1575 NORTHSIDE DRIVE NW
SUITE 200
ATLANTA, GA 30318**New Principal Place of Business:****Current Mailing Address:**1575 NORTHSIDE DRIVE NW
SUITE 200
ATLANTA, GA 30318**New Mailing Address:****FEI Number:** 20-1621053**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**BROOME, STEPHEN D
822 A1A NORTH
SUITE 208
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: STEPHEN D. BROOME

09/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: BROOME, STEPHEN D
Address: 1575 NORTHSIDE DRIVE NW
City-St-Zip: ATLANTA, GA 30318**Title:** D () Delete
Name: BAYCURA, DAVID J
Address: 1575 NORTHSIDE DRIVE NW
City-St-Zip: ATLANTA, GA 30318**Title:** D () Delete
Name: MECHLOWIYZ, MARK
Address: 1575 NORTHSIDE DRIVE NW
City-St-Zip: ATLANTA, GA 30318**Title:** D () Delete
Name: SMITH, CLINTON
Address: 6620 SOUTHPOINT DRIVE SOUTH SUITE 400
City-St-Zip: JACKSONVILLE, FL 32216**Title:** D () Delete
Name: BOYD, LISA
Address: 6620 SOUTHPOINT DRIVE SOUTH SUITE 400
City-St-Zip: JACKSONVILLE, FL 32216**Title:** D () Delete
Name: SMITH, JAMES C
Address: 400 SOUTH TRYON STREET, SUITE 1300
City-St-Zip: CHARLOTTE, NC 28201 N**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN D. BROOME

DIR

09/07/2006

Electronic Signature of Signing Officer or Director

Date