


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000003699</b> 1. Entity Name <b>HARBORTOWN AT PABLO CREEK MASTER OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1575 NORTHSIDE DRIVE NW SUITE 200 ATLANTA, GA 30318</b>	Mailing Address <b>1575 NORTHSIDE DRIVE NW SUITE 200 ATLANTA, GA 30318</b>
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08022007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1621053</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**BROOME, STEPHEN D  
822 A1A NORTH  
SUITE 208  
PONTE VEDRA BEACH, FL 32082**

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 14, 2007**

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	D BROOME, STEPHEN D 1575 NORTHSIDE DRIVE NW ATLANTA, GA 30318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAYCURA, DAVID J 1575 NORTHSIDE DRIVE NW ATLANTA, GA 30318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MECHLOWIYZ, MARK 1575 NORTHSIDE DRIVE NW ATLANTA, GA 30318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, CLINTON 6620 SOUTHPOINT DRIVE SOUTH SUITE 400 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYD, LISA 6620 SOUTHPOINT DRIVE SOUTH SUITE 400 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, JAMES C 400 SOUTH TRYON STREET, SUITE 1300 CHARLOTTE, NC 28201

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09/07/07-80003-011 61.25

**DO NOT WRITE  
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 #