

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N10574** (4)

1. Corporation Name

**CONDOMINIUM OWNERS ASSOCIATION OF PABLO SURFSIDE  
, INC.**

Principal Place of Business

525 N NEWNAN ST  
JACKSONVILLE FL 32202

Mailing Address

525 N NEWNAN ST  
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified  
**08/06/1985**

3a. Date of Last Report  
**08/04/1995**

4. FEI Number

**59-2995060**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **PABLO SURF-SIDE CONDO** **21c** **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1951 OCEAN DR. 50**

27 **SAME**

City & State

City & State

23 **JAX BEACH, FL**

28 **SAME**

Zip

Country

Zip

Country

24 **32250**

25 **DUVAL**

29 **SAME**

30 **SAME**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREEDMAN, NORMAN P., P.A.**  
**525 N NEWNAN ST**  
**JACKSONVILLE FL 32202**

81 Name

**JOSEPHINE BONNETT**

82 Street Address (P.O. Box Number is Not Acceptable)

**1951 OCEAN DR 50**

83

**APT 3 B**

84 City

**JAX BEACH**

**FL**

85 Zip Code

**32250**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Josephine Bonnett*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**March 9, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, CAROL A.	
STREET ADDRESS	1951 OCEAN DR. S. 4-A	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FREEDMAN, MARILYN D.	
STREET ADDRESS	1951 OCEAN DRIVE S. 4-B	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, NORMAN P.	
STREET ADDRESS	1951 OCEAN DRIVE S. 4-A	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARILYN D. FREEDMAN	
1.3 STREET ADDRESS	1951 Ocean Drive S., 4-B	
1.4 CITY-ST-ZIP	Jacksonville, FL 32250	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEON BONNETT	
2.3 STREET ADDRESS	1951 Ocean Drive S., 3-B	
2.4 CITY-ST-ZIP	Jacksonville, FL 32250	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPHINE BONNETT	
3.3 STREET ADDRESS	1951 Ocean Drive S., 3-B	
3.4 CITY-ST-ZIP	Jacksonville, FL 32250	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marilyn D. Freedman* (MARILYN D. FREEDMAN 3/12/96)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)