SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N10574

(4)

CONDOMINIUM OWNERS ASSOCIATION OF PABLO SURFSIDE , INC.					
Principal Plac	ce of Business	Malling Address		-{	(010; 016 010) 013 516 016 100
PABLO SURFSIDE CONDO. INC. 1951 OCEAN DR 8 JACKSONVILLE FL 32250 US US			3. Date incorporated or Qualified 08/06/1985 4. FEI Number	Applied For	
2. Principal F	Place of Business	2a. Malling Address		59-2995060	Not Applicable
21 28 1954 DOCAI		DR 50 3B	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Sulte, Apt. #, http:// Sulte, Apt. #, e		Sulte, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 27 27 27 27 27 27 27		27 36 City & State		Trust Fund Contribution	Added to Fees
23 28 JAC			LE BEACH. PX	7. Is this nonprofit corporation a hon	Yes No
Zip	Country	Zip	Country	8. This corporation owes or has pale	
24	25	1-1 0 1	DUVAL	Personal Property Tax due June	
9. Name and Address of Current Registered Agent				10. Name and Address of New Reg	istered Agent
			81 Name		
BONNETT, JOSEPHINE			82 Street Addre	ss (P.O. Box Number is Not Acceptable)
1951 OCEAN OR S			83		
APT 3-B			63		
JACKSONVILLE FL 32250			84 City		FL 85 Zip Code
11. Pursuant to the provisions of sections 617.0502 and 617.1508. Florida Statutes, the above-named or				ion submits this statement for the purpos	e of changing its registered
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					
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent signature requir	ADDITIONS/CHANGES TO OFFIC	DATE
	PD OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	
i	FEEDMAN, MARILYN D.	€ DECE IE	1.2 NAME		Change Addition
	1951 OCEAN DR S, 4B		1.3 STREET ADDRESS		
CITY-ST-ZIP	JAOKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	DELETE	2.1 TITLE	. *	Change Addition
NAME	FREEDMAN, MARILYN D.	2	2.2 NAME		
STREET ADDRESS	1951 OCEAN DRIVE S. 4-B		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAOKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE .	WP9 PD	DELETE	3,1 TITLE		Change Addition
NAME	BONNETT, LEON		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	JAOKSONVILLE FL 32250		3.4 CiTY-ST-ZIP		
	STD	DELETE	4.1 TITLE		Change Addition
	BONNETT, JOSEPHINE		4.2 NAME		
	1951 OCEAN DRIVE S, 3-B JAOKSONVILLE FL 32250		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE		Пант
NAME	HOFHEIMER, NORM	M ☐ DELETE	5.2 NAME		Change Addition
STREET ADDRESS	1951 OCEAN DR S	1-R	5.3 STREET ADDRESS		
CITY-ST-ZIP	DACKSONVILLE BEACH	250	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		[] sec. (6	8.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jul 15 1998 8:00am

Secretary of State