

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10574

1. Entity Name

CONDOMINIUM OWNERS ASSOCIATION OF PABLO SURFSIDE

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90169 035 ****61.25

Principal Place of Business PABLO SURFSIDE CONDO. INC. 1951 OCEAN DR S JACKSONVILLE FL 32250 US	Mailing Address 1951 OCEAN DR S SUITE 3-B JACKSONVILLE BEACH FL 32250-6278 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2995060	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BONNETT, JOSEPHINE 1951 OCEAN DR S APT 3-B JACKSONVILLE FL 32250	7. Name and Address of New Registered Agent Name FREEDMAN, MARILYN Street Address (P.O. Box Number is Not Acceptable) 1951 OCEAN DR. S. APT. 4-B City JACKSONVILLE BEACH, FL Zip Code 32250
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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.

SIGNATURE Marilyn Freedman (MARILYN FREEDMAN) DATE 4/4/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFHEIMER, NORMAN 1951 OCEAN DR S, SUITE 2-B JACKSONVILLE BEACH FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONNETT LEON 1951 OCEAN DR. S 3-B JACKSONVILLE BEACH FL. 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONNETT, LEON 1951 OCEAN DR S, 3-B JACKSONVILLE FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FREEDMAN, NORMAN 1951 OCEAN DR. S. 4B JACKSONVILLE BEACH FL. 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BONNETT, JOSEPHINE 1951 OCEAN DRIVE S, 3-B JACKSONVILLE FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FREEDMAN, MARILYN 1951 OCEAN DR. S. 4-B JACKSONVILLE BEACH FL. 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Marilyn Freedman (MARILYN FREEDMAN) DATE 4/4/00 (904) 246-0562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (9/99)