## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10574

FILED Feb 17, 2009 Secretary of State

Entity Name: CONDOMINIUM OWNERS ASSOCIATION OF PABLO SURFSIDE, INC.

Current Principal Place of Business: New Principal Place of Business:

PABLO SURFSIDE CONDO, INC. 1951 OCEAN DR S JACKSONVILLE, FL 32250 US

Current Mailing Address: New Mailing Address:

1951 OCEAN DR S 444 THIRD STREET

APT. 4B NEPTUNE BEACH, FL 32266 US

JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-2995060 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOFHEIMER, MARIANNE

1951 OCEAN DR S

ADT 2 B

MOREHEAD, RICHARD

444 THIRD STREET

APT 2-B NEPTUNE BEACH, FL 32266 US JACKSONVILLE BEACH, FL 32250 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: RICHARD MOREHEAD 02/17/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VPD ( ) Delete Title: PRES (X) Change ( ) Addition

Name: BONNETT, JO Name: FREEDMAN, BARNEY
Address: 1951 OCEAN DRS # 3B Address: 1951 OCEAN DRS # 3A

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Name: MOREHEAD, RICHARD Name: HOFHEIMER, NORMAN Address: 1951 OCEAN DR S. #2B

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DT ( ) Delete Title: T (X) Change ( ) Addition

Name:HOFHEIMER, MARIANNEName:MOREHEAD, RICHARDAddress:1951 OCEAN DR S, SUITE 2BAddress:444 THIRD STREET

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: NEPTUNE BEACH, FL 32266

Title: PD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 FREEDMAN, CAROL
 Name:

 Address:
 1951 OCEAN DR S, SUITE 4A
 Address:

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32250
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD MOREHEAD TRES 02/17/2009