2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41231

Current Principal Place of Business:

FILED Jan 22, 2009 Secretary of State

New Principal Place of Business:

Entity Name: PABLO WOODS HOMEOWNERS ASSOCIATION, INC.

above, or on an attachment with an address, with all other like empowered.

Electronic Signature of Signing Officer or Director

SIGNATURE: GLADYS PATON

	ΓLEY ROAD VILLE, FL 3225	57 US			
Current Mailing Address:			New Mailing Address:		
	TLEY ROAD VILLE, FL 3225	57 US			
FEI Number:	59-3044687	FEI Number Applied For ()	FEI Number Not Appl	Olicable () Certificate of Status Desired ()	
Name and	Address of Cu	urrent Registered Agent:	Name and	Address of New Registered Agent:	
4003 HART		MANAGEMENT INC. 57 US			
The above in the State		ubmits this statement for the pu	urpose of changing i	its registered office or registered agent, or both	٦,
SIGNATUR					_
	Electronic	c Signature of Registered Ager	nt	Date	
OFFICERS	S AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO)RS:
Title: Name: Address: City-St-Zip:	P ()[PAYTON, GLADY 14278 SATINWO JACKSONVILLE,	OOD DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ()E DIPLATO, CHARI 14283 SATINWO JACKSONVILLE	OOD DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ()E TURNER, SHELE 3103 PABLO WO JACKSONVILLE,	DODS DR	Title: Name: Address: City-St-Zip:	S/T (X) Change () Addition HALEY, ROSE 14241 SATINWOOD DR JACKSONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition TURNER, SHELBY 3103 PABLO WOOODS DR JACKSONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition OELLERICH, SHELIA 14262 SATINWOOD DR JACKSONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition GRAY, GERALD 3068 PORTULACA AVE. JACKSONVILLE, FL 32224	
Florida Sta my electror	tutes. I further on nic signature sha	certify that the information indic all have the same legal effect a	cated on this report on as if made under oat	or the exemption stated in Chapter 119, or supplemental report is true and accurate an th; that I am an officer or director of the corpora pter 617, Florida Statutes; and that my name a	ation or

Ρ

01/22/2009

Date