2007 NOT-FOR-PROFIT CORPORATION

May 01, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N93000001051 05-01-2007 90014 004 ****61.25 SAN PABLO CREEK HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address MARVIN REAL ESTATE **MARVIN REAL ESTATE** P.O. BOX 330026 1835 N 3RD STREET ATLANTIC BCH, FL 32333 JACKSONVILLE BEACH, FL 32250 3. Mailing Address 2. Principal Place of Business - No 753 Atlantic 330076 Suite, Apt. #, etc Suite, Apt. #, etc 03232007 Cha-NP CR2E037 (12/06) 4. FEI Number Applied For Giva State Aflantic Beach 59-3198061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MARVIN, SONIA 1835 N 3RD STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH, FL 32250 # +lantic Blid City Zip Code コンン33 8. The above named entity submits this statement for the purpose of changing its registered office or registered. red agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signs Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☑ Delete TITLE Change Addition TAMATHA, LEVTIS Leo Farrell NAME NAME 13619 CAPISTRANO DR. SOUTH STREET ADDRESS STREET ADDRESS 2008 Merced Court CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP <u>Jacksonville, FL</u> **⊠** Delete TITLE TILE PD Change Ch Addition HOLSENBECK, JIM NAME Richard Sitts NAME 13620 Las Brisas War STREET ADDRESS 13624 CAPISTRANO DRIVE SOUTH STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-ZIP CITY-ST-ZIP Jacksonville.FL 3222 Delete 7ITLF TITLE ☐ Change Addition SITTS, RICHARD NAME 13620 LAS BRISAS WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY+ST-7IP **⊠** Delete TITLE TITLE ☐ Change Addition YASTRZENSKI, LYNN W NAME NAME STREET ADDRESS 13532 VALBUENA CT STREET ADDRESS JACKSONVILLE, FL 32224 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TSD TITLE ☐ Change ☐ Addition AYRES, CARRIE STREET ADDRESS 13547 SOL COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 4