

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90028 016 ****61.25

DOCUMENT # N93000001051 1. Entity Name SAN PABLO CREEK HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 753 ATLANTIC BLVD #1 ATLANTIC BEACH, FL 32233 US		Mailing Address P.O. BOX 330026 ATLANTIC BCH, FL 32333	
2. Principal Place of Business - No P.O. Box # 4003 HARTLEY RD Suite, Apt. #, etc.		3. Mailing Address 4003 HARTLEY RD Suite, Apt. #, etc.	
City & State JAX FL		City & State JAX FL	
Zip 32257	Country US	Zip 32257	Country US
6. Name and Address of Current Registered Agent MARVIN & FLOYD REALTY INC 753 ATLANTIC BLVD #1 ATLANTIC BEACH, FL 32233		7. Name and Address of New Registered Agent Name CANTRELL BRYAN Street Address (P.O. Box Number is Not Acceptable) SIGNATURE REALTY & MGMT 4003 HARTLEY RD City JAX State FL Zip Code 32257	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Bryan K Cantrell</i></u> <u><i>Bryan K Cantrell Broker 4/29/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME SITTS, RICHARD	<input type="checkbox"/> Delete	
STREET ADDRESS 13620 LAS BRISAS WAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP JACKSONVILLE, FL 32224			
TITLE TSO	NAME AYRES, CARRIE	<input type="checkbox"/> Delete	
STREET ADDRESS 13547 SOL COURT	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP JACKSONVILLE, FL 32224			
TITLE D	NAME FARRELL, LEO	<input type="checkbox"/> Delete	
STREET ADDRESS 2008 MERCED CT	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP JACKSONVILLE, FL 32224			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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.			
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>4/19/2008</i></u> Daytime Phone # <u><i>904 403 0304</i></u>	