

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005992

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: PABLO CREEK CLUB, INC.

## Current Principal Place of Business:

5660 SAN PABLO RD. S.  
JACKSONVILLE, FL 32224 US

## New Principal Place of Business:

## Current Mailing Address:

5660 SAN PABLO RD. S.  
JACKSONVILLE, FL 32224 US

## New Mailing Address:

FEI Number: 59-3282892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKELTON, H J  
5660 SAN PABLO RD. S.  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BAKER, EDWARD L  
Address: POST OFFICE BOX 4667 N/A  
City-St-Zip: JACKSONVILLE, FL 322014667

Title: D ( ) Delete  
Name: PAXSON, WESLEY C SR.  
Address: 801 PONTE VEDRA BOULEVARD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: SKELTON, H J  
Address: 5660 SAN PABLO RD. S.  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: UIBLE, JOHN D  
Address: 225 WATER STREET 11TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: WALKER, BILLY J  
Address: 225 WATER STREET 11TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: THOMPSON, KEN  
Address: 5660 SAN PABLO RD S  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KNIGHT, FINLEY  
Address: 5660 SAN PABLO ROAD S  
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: H. JAY SKELTON

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date