



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90043 010 \*\*\*\*61.25

<b>DOCUMENT # N96000002886</b> 1. Entity Name SAN PABLO CREEK UNIT 3A OWNERS ASSOCIATION, INC.					
Principal Place of Business 1835 N. 3RD STREET JACKSONVILLE BEACH, FL 32250 US			Mailing Address P.O. BOX 330026 ATLANTIC BEACH, FL 32233 US		
2. Principal Place of Business - No P.O. Box # <i>SIGNATURE READY &amp; MANAGEMENT</i> Suite, Apt. #, etc. 4003 HARTLEY RD		3. Mailing Address <i>SIGNATURE READY &amp; MANAGEMENT</i> Suite, Apt. #, etc. 4003 HARTLEY RD.		40021064 	
City & State JACKSONVILLE FL.		City & State JACKSONVILLE FL.		4. FEI Number 59-3379753	
Zip 32257		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FLOYD, KAREN 1835 N. 3RD STREET JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name <i>CANTRELL BRYAN</i> Street Address (P.O. Box Number is Not Acceptable) <i>40 SIGNATURE READY &amp; MANAGEMENT</i> 4003 HARTLEY RD. City <i>JACKSONVILLE</i> FL Zip Code <i>32257</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>2/15/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD BANMANN, MARY BETH 31485 LAS BRISAS WAY NORTH JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PERKINS, ELISE M 2059 LAS BRISAS WAY W. JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, MATTHEW 13474 LAS BRISAS WAY NORTH JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERKINS, ELISE M 2059 LAS BRISAS WAY W. JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARD BRYAN 2061 LAS BRISAS WAY W JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAVIS TRADER 2164 MESA GRANDE LANE JACKSONVILLE FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>2/7/07</i> Daytime Phone # <i>904-221-6062</i>	