

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000004033

1. Entity Name
SAN PABLO OFFICE PARK OWNERS ASSOCIATION, INC.



Principal Place of Business
**4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224 US**

Mailing Address
**4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224 US**



01102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3397407

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'STEEN, ROGER M
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000787861
01/18/08-80016-022 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
BARBOUR, GREGORY J
4314 PABLO OAKS COURT
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
O'STEEN, ROGER M
4314 PABLO OAKS COURT
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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: *Roger M. O'Steen* **ROGER M. O'STEEN** 1-14-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #