

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000004377**

1. Entity Name  
**PABLO WOODS HOMEOWNERS ASSOCIATION II, INC.**



Principal Place of Business  
**4003 HARTLEY RD  
JACKSONVILLE, FL 32257 US**

Mailing Address  
**4003 HARTLEY RD  
JACKSONVILLE, FL 32257 US**



04172008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3413804**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CANTRELL, BRYAN  
SIGNATURE REALTY & MANAGEMENT, INC.  
4003 HARTLEY ROAD  
JACKSONVILLE, FL 32257**

**DO NOT WRITE  
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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
PAYTON, GLADYS  
14278 SATINWOOD DR  
JACKSONVILLE, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DIPILATO, CHARLES  
14283 SATINWOOD DR.  
JACKSONVILLE, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BIER, JEFF  
3049 FARRINGTON STREET  
JACKSONVILLE, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BOYLE, ERIN  
3028 PORTULACA AVE  
JACKSONVILLE, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
TURNER, SHELBY  
3103 PABLO WOODS DRIVE  
JACKSONVILLE, FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HALEY, ROSE  
14241 SATINWOOD DR  
JACKSONVILLE, FL 32224**

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05/30/08-80025-023 61.25

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/08**

Date

**804 255 8278**

Daytime Phone #