

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

0004856

DOCUMENT # N96000004377

1. Entity Name

PABLO WOODS HOMEOWNERS ASSOCIATION II, INC.



04-10-2003 90152 007 ****61.25

Principal Place of Business

**14290 SATINWOOD DRIVE
JACKSONVILLE FL 32224**

Mailing Address

**14290 SATINWOOD DRIVE
JACKSONVILLE FL 32224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3413804**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERRY, MICHAEL L JR
333 FIRST STREET NORTH, SUITE 305
JACKSONVILLE BEACH FL 32250**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	<input type="checkbox"/> Delete
NAME	BERREYELD, STEVE	
STREET ADDRESS	14290 SATINWOOD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLACKMAN, KENNETH	
STREET ADDRESS	3027 PORTULACA AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COBURN, MARTY	
STREET ADDRESS	2926 FARRINGTON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PAYTON, GLADYS	
STREET ADDRESS	14283 SATINWOOD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DE WITT, LINDA	
STREET ADDRESS	3060 PORTULACA AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIPILATO, CORRINE	
STREET ADDRESS	14283 SATINWOOD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berrey, Steve	
STREET ADDRESS	14290 Satinwood Dr.	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maddox, Steve	
STREET ADDRESS	3020 Portulaca Ave.	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bridges, Michelle	
STREET ADDRESS	3153 Pablo Woods Dr.	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Required
Signature and Printed Name of Signing Officer or Director
Steven B. Berry

4/8/03 904/821-7611

CR2E037 (10/02)