## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9600004377

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

1. Entity Nam PABLO W	OODS HOMEOWN	IERS ASSOC	IATION II, INC.			0	4-10-2003	90152 007	' ****61.	.25	
Principal Place of Business 14290 SATINWOOD DRIVE JACKSONVILLE FL 32224			Mailing Address 14290 SATINWOOD DRIVE JACKSONVILLE FL 32224								
2. Principal F	Place of Business		3. Mailing Address								
3 Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-3413804			Applied For Not Applicable		
Zip -		y		Country	e*	5. Certificate of Sta		F	8.75 Add ee Require		
6. Name and Address of Current Registered Agent				Name		7. Name and Add	ress of New	Registered A	gent	<del></del>	ł
333 FIRS	MICHAEL L JR IT STREET NORTH, SI WILLE BEACH FL 322					P.O. Box Number is N	lot Acceptabl	e)			
				City				FL	Zip Cod	le	١
	named entity submits th tions of registered agent:		e purpose of changing its	registered office	or registere	ed agent, or both, in t	he State of FI	orida. I am fa	miliar with,	and accept	
	Signature, typed or printed name	of registered nagest and		E 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							Į.
	Signatore, typed or printed fiame	or registered agent and	utte if applicable. (NOT	E: Hegistered Agent sign	nature required	when reinstating)		DATE			<b>}</b>
	FILE NOW: FEE IS		9. Election Ca	mpaign Financing		\$5.00 May Be Added to Fees		ake Check da Departr	-		
10.	FILE NOW: FEE IS		9. Election Ca Trust Fund (	mpaign Financing		<b>\$5.00</b> May Be	Flori	ake Check da Departr	nent of S	State	
10.	FILE NOW: FEE IS	\$61.25	9. Election Cal Trust Fund (	mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Flori	ake Check da Departr	nent of S	State	(00)
10.	OFFICE NOW: FEE IS  OFFICE PD BERREYELD, STEVE	\$61.25	9. Election Ca Trust Fund (	mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Flori	ake Check da Departr	nent of S	State	100,007
TO. TITLE NAME	FILE NOW: FEE IS	\$61.25 CERS AND DIREC	9. Election Ca Trust Fund (	mpaign Financing Contribution.  11.  TITLE - NAME -	PD Bei	\$5.00 May Be Added to Fees DDITIONS/CHANGE TO Satinwee	Flori S TO OFFICE e Sd. Dr	ake Check da Departr	nent of S	State	100/01/1000
TO. TITLE NAME STREET ADDRESS	PD BERREYELD, STEVE	\$61.25 CERS AND DIRECT  DR 22224	9. Election Ca Trust Fund (	mpaign Financing Contribution.  11.  TITLE - NAME - STREET ADDRESS	PD Bei 1429 Ja VD Made	\$5.00 May Be Added to Fees DDITIONS/CHANGE FREY, Steve TO Sathment Closonville, Lox Steve O Portula	Flori e od. Dr FC3.	ake Check da Departr	nent of S	State	(00/01) 100/00/
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BERREYELD, STEVE 14290 SATINWOOD JACKSONVILLE FL 3 VD BLACKMAN, KENNE 3027 PORTULACA A JACKSONVILLE FL 3	\$61.25 CERS AND DIRECT  DR 22224 TH	9. Election Cal Trust Fund ( CTORS	mpaign Financing Contribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD Bei 1429 Ja VD Made	\$5.00 May Be Added to Fees DDITIONS/CHANGE FREY, Steve TO Sathment Closonville, Lox Steve O Portula	Flori e od. Dr FC3.	ake Check da Departr	nent of SECTORS IN	State  10  Addition	100/07/ 100/00/
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BERREYELD, STEVE 14290 SATINWOOD JACKSONVILLE FL 3 VD BLACKMAN, KENNE 3027 PORTULAÇA A JACKSONVILLE FL 3 VD COBURN, MARTY 2926 FARRINGTON S	\$61.25  CERS AND DIRECT  DR 12224  TH VE 12224	9. Election Cal Trust Fund ( CTORS	mpaign Financing Contribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD Bei 1429 Jan Wada 302 Jan	\$5.00 May Be Added to Fees ADDITIONS/CHANGE FROM SHOW OF SHOW	Flori e od. Dr FC3.	ake Check da Departr	nent of SECTORS IN	State  10  Addition	(00)01) 100000
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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: