


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90016 045 \*\*\*\*61.25

<b>DOCUMENT # N99000004795</b> 1. Entity Name <b>NORTH PABLO BEACH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>MARVIN REAL ESTATE</b> <b>1835 N. 3RD ST.</b> <b>JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>MARVIN REAL ESTATE</b> <b>1835 N. 3RD ST.</b> <b>JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>Marvin Real Estate</i> Suite, Apt. #, etc. <i>P O Box 330026</i>			
City & State		City & State <i>Atlantic Beach FL</i>		4. FEI Number <b>59-3603181</b>	
Zip		Zip <i>32233</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARVIN, SONIA M</b> <b>MARVIN REAL ESTATE</b> <b>1835 N. 3RD ST.</b> <b>JACKSONVILLE BEACH, FL 32250</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>Sonia M Marvin</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</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	PD LIETCH, MARK 1354 FRUIT COVE RD JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Nelson, Melissa 275 1st Street S #203 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OSSI, JUDY 9254 STARPASS DR. JACKSONVILLE, FL 32256	<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	TSD CASE, JEFFREY 709 1ST STREET NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Case, Jeffrey 709 1st Street Neptune Beach, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIETCH, MARK 1412 N 1ST STREET #102 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garcia Sarah 1412 N 1st Street #303 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFER, EDWIN 1412 N 1ST STREET #301 JACKSONVILLE BEACH, FL 32250	<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	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <i>Lessa Clark, manager</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/2/06 904.249.8599 <small>Date Daytime Phone #</small>	