


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90007 023 ****61.25

DOCUMENT # N99000004795 1. Entity Name NORTH PABLO BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business MARVIN REAL ESTATE 1835 N. 3RD ST. JACKSONVILLE BEACH, FL 32250			Mailing Address MARVIN REAL ESTATE P.O. BOX 330026 ATLANTIC BEACH, FL 32233		
2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd		3. Mailing Address PO Box 330026			
Suite, Apt. #, etc. #1		Suite, Apt. #, etc.			
City & State Atlantic Beach FL		City & State Atlantic Beach FL		4. FEI Number 59-3603181	
Zip 32233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARVIN, SONIA M MARVIN REAL ESTATE 1835 N. 3RD ST. JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Marvin + Floyd Realty Inc Street Address (P.O. Box Number is Not Acceptable) 753 Atlantic Blvd #1 City Atlantic Beach FL Zip Code 32233		
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 Marvin + Floyd Realty Inc <i>[Signature]</i> 3-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASE, JEFFREY 709 1ST STREET NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, SARAH 1412 N 1ST STREET #303 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
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	PD Joel Parker 9096 Starpass Drive Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sarah Garcia 1412 N. 1st Street #303 Jacksonville, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFER, EDWIN 1412 N 1ST STREET #301 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFER, EDWIN 1412 N 1ST STREET #301 JACKSONVILLE BEACH, FL 32250	<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.					
SIGNATURE: <i>[Signature]</i> 4/27/07 251-5766 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					