

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90164 048 \*\*\*\*61.25

<b>DOCUMENT # N99000004795</b>					
<b>1. Entity Name</b> NORTH PABLO BEACH CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 753 ATLANTIC BLVD #1 JACKSONVILLE BEACH, FL 32250			<b>Mailing Address</b> P.O. BOX 330026 ATLANTIC BEACH, FL 32233		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3603181	
Zip		Country		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MARVIN & FLOYD REALTY INC 753 ATLANTIC BLVD #1 ATLANTIC BEACH, FL 32233			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD LIETCH, MARK 1354 FRUIT COVE RD JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD NELSON, MELISSA 275 1ST STREET S #203 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SD GARCIA, SARAH 1412 N. 1ST STREET #303 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D GARCIA, SARAH 1412 N 1ST STREET #303 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SAFER, EDWIN 1412 N 1ST STREET #301 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D PARKER, JOEL 9096 STARPASS DRIVE JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
<b>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>		D Kristoff, Joshua 1412 N. 1st Street Jacksonville Bch, FL 32250			
<b>SIGNATURE:</b> _____		4/29/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			