




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90143 037 ****61.25

DOCUMENT # N99000007352 1. Entity Name PABLO BAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266			Mailing Address 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03182005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3620491				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLACE, DENISE 920 THIRD STREET STE. B NEPTUNE BEACH, FL 32266			Name Wallace, L. Denise Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3/29/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBOUR, GREGORY J		NAME	Katie Bestic	
STREET ADDRESS	4314 PABLO OAKS CT.		STREET ADDRESS	13767 Wingfield Place	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	1VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWENS, LAUREN L		NAME	Hilary Case	
STREET ADDRESS	4314 PABLO OAKS CT.		STREET ADDRESS	13924 White Heron Place	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	2VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLINPETER, ANNE T		NAME	Bret A. Holmes	
STREET ADDRESS	4314 PABLO OAKS CT.		STREET ADDRESS	3731 Golden Reeds Lane	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	William P. Rosenblatt	
STREET ADDRESS			STREET ADDRESS	13844 Waterchase Way	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Nancy Astralaga	
STREET ADDRESS			STREET ADDRESS	3791 Golden Reeds Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-30-05		Daytime Phone # 904-223-1298