

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10574 (4)

1. Corporation Name
CONDOMINIUM OWNERS ASSOCIATION OF PABLO SURFSIDE, INC.



Principal Place of Business: 525 N NEWNAN ST JACKSONVILLE FL 32202
Mailing Address: 525 N NEWNAN ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: **06/06/1985**
3a. Date of Last Report: **08/04/1995**

2. Principal Place of Business: **21 PABLO SURF-SIDE CONDO**
Suite, Apt. #, etc.: **22 1951 OCEAN DR. 50**
City & State: **23 JAX BEACH, FL**
Zip: **24 32250** Country: **25 DDVAL**

4. FEI Number: **59-2995060**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
FREEDMAN, NORMAN P., P.A.
525 N NEWNAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name: JOSEPHINE BONNETT
82 Street Address (P.O. Box Number is Not Acceptable): 1951 OCEAN DR 50
83 APT 3 B
84 City: JAX BEACH FL 85 Zip Code: 32250

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Josephine Bonnett* DATE: **March 9, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: FREEDMAN, CAROL A. STREET ADDRESS: 1951 OCEAN DR. S. 4-A CITY-ST-ZIP: JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: MARILYN D. FREEDMAN 1.3 STREET ADDRESS: 1951 Ocean Drive S., 4-B 1.4 CITY-ST-ZIP: Jacksonville, FL 32250
TITLE: VPD NAME: FREEDMAN, MARILYN D. STREET ADDRESS: 1951 OCEAN DRIVE S. 4-B CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE: VPD 2.2 NAME: LEON BONNETT 2.3 STREET ADDRESS: 1951 Ocean Drive S., 3-B 2.4 CITY-ST-ZIP: Jacksonville, FL 32250
TITLE: STD NAME: FREEDMAN, NORMAN P. STREET ADDRESS: 1951 OCEAN DRIVE S. 4-A CITY-ST-ZIP: JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: STD 3.2 NAME: JOSEPHINE BONNETT 3.3 STREET ADDRESS: 1951 Ocean Drive S., 3-B 3.4 CITY-ST-ZIP: Jacksonville, FL 32250
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn D. Freedman* (MARILYN D. FREEDMAN) DATE: **3/12/96**

CR2E037 (12/95)