

SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 15 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 PABLO SURFSIDE CONDO. INC. 1951 OCEAN DR S JACKSONVILLE FL 32250 US		Mailing Address 525 N NEWMAN ST JACKSONVILLE FL 32202 US		3. Date Incorporated or Qualified 08/06/1985
				4. FEI Number 59-2995060
				Applied For Not Applicable

21. Principal Place of Business SOME	22. Suite, Apt. #, etc. 3B	23. City & State JACKSONVILLE BEACH, FL	24. Zip 32250	25. Country DUVAL	26. 2a. Mailing Address 1951 OCEAN DR SO 3B	27. Suite, Apt. #, etc. 3B	28. City & State JACKSONVILLE BEACH, FL	29. Zip 32250	30. Country DUVAL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent BONNETT, JOSEPHINE 1951 OCEAN DR S APT 3-B JACKSONVILLE FL 32250				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEDMAN, MARILYN D.			1.2 NAME			
STREET ADDRESS	1951 OCEAN DR S, 4B			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEDMAN, MARILYN D.			2.2 NAME			
STREET ADDRESS	1951 OCEAN DRIVE S. 4-B			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONNETT, LEON			3.2 NAME			
STREET ADDRESS	1951 OCEAN DR S, 3-B			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32250			3.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONNETT, JOSEPHINE			4.2 NAME			
STREET ADDRESS	1951 OCEAN DRIVE S, 3-B			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32250			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFHEIMER, NORMAN			5.2 NAME			
STREET ADDRESS	1951 OCEAN DR S 2-B			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: JOSEPHINE BONNETT STD  
 JOSEPHINE BONNETT  
 7-7-98 924 349-1734  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)