

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90169 035 \*\*\*\*61.25

**DOCUMENT # N10574**

1. Entity Name

**CONDOMINIUM OWNERS ASSOCIATION OF PABLO SURFSIDE**

Principal Place of Business

Mailing Address

**PABLO SURFSIDE CONDO. INC.**  
**1951 OCEAN DR S**  
**JACKSONVILLE FL 32250**  
**US**

**1951 OCEAN DR S**  
**SUITE 3-B**  
**JACKSONVILLE BEACH FL 32250-6278**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2995060**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONNETT, JOSEPHINE**  
**1951 OCEAN DR S**  
**APT 3-B**  
**JACKSONVILLE FL 32250**

Name  
**FREEDMAN MARILYN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1951 OCEAN DR. S.**  
**APT. 4-B**  
 City  
**JACKSONVILLE BEACH, FL** Zip Code  
**32250**

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.

SIGNATURE Marilyn Freedman (MARILYN FREEDMAN) DATE 4/4/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOFHEIMER, NORMAN	
STREET ADDRESS	1951 OCEAN DR S, SUITE 2-B	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BONNETT, LEON	
STREET ADDRESS	1951 OCEAN DR S, 3-B	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BONNETT, JOSEPHINE	
STREET ADDRESS	1951 OCEAN DRIVE S, 3-B	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNETT LEON	
STREET ADDRESS	1951 OCEAN DR. S 3-B	
CITY-ST-ZIP	JACKSONVILLE BEACH FL. 32250	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, NORMAN	
STREET ADDRESS	1951 OCEAN DR. S. 4B	
CITY-ST-ZIP	JACKSONVILLE BEACH FL. 32250	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, MARILYN	
STREET ADDRESS	1951 OCEAN DR. S. 4-B	
CITY-ST-ZIP	JACKSONVILLE BEACH FL. 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Marilyn Freedman (MARILYN FREEDMAN) DATE 4/4/00 (904) 246-0562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (9/99)