

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # N10574</b>		1. Entity Name		CONDOMINIUM OWNERS ASSOCIATION OF PABLO SURFSIDE, INC.	
Principal Place of Business		Mailing Address			
PABLO SURFSIDE CONDO, INC. 1951 OCEAN DR S JACKSONVILLE FL 32250 US		1951 OCEAN DR S APT. 4B JACKSONVILLE BEACH FL 32250 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	Applied For / Not Applicable
				59-2995060	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
FREEDMAN, MARILYN 1951 OCEAN DR S APT 4-B JACKSONVILLE BEACH FL 32250		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BONNETT, JO		NAME		
STREET ADDRESS	1951 OCEAN DR S # 3B		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MOREHEAD, RICHARD		NAME		
STREET ADDRESS	1951 OCEAN DR S. #2A		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FREEDMAN, MARILYN		NAME		
STREET ADDRESS	1951 OCEAN DR. SOUTH 3B		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2995060 Applied For / Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL Zip Code

Make Check Payable to Florida Department of State

U00000436417  
02/27/06 80036-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

904-246-0562