


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90028 019 ****61.25

DOCUMENT # N10574 1. Entity 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 1951 OCEAN DR S APT. 4B JACKSONVILLE BEACH FL 32250 US	
2. Principal Place of Business - No P.O. Box # <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc. <i>Same</i>	
City & State <i>Same</i>		City & State <i>Same</i>	
Zip	Country	Zip	Country
4. FEI Number 59-2995060		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 FREEDMAN, MARILYN 1951 OCEAN DR S APT 4-B JACKSONVILLE BEACH FL 32250		7. Name and Address of New Registered Agent Name Marianne Hofheimer Street Address (P.O. Box Numbers Not Acceptable) 1951 OCEAN DR S # 2B JAX BEACH, FLA. City 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Marianne Hofheimer</i> / <i>Marianne Hofheimer</i> 3-6-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	VPD BONNETT, JO 1951 OCEAN DR S # 3B JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director MOREHEAD, RICHARD 1951 OCEAN DR S. #2A JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition Change from President to Director
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FREEDMAN, MARILYN 1951 OCEAN DR. SOUTH 3B JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIANNE Hofheimer 1951 OCEAN DR. S # 2B DIRECTOR/ JAX BEACH, FLA 32250 TREASURER
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAROL FREEDMAN 1951 OCEAN DR S. #4A DIRECTOR/ JAX BEACH, FLA 32250 PRESIDENT
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Marianne Hofheimer* / *Marianne Hofheimer* 3-6-2007 904-389-3481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #