

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008752

**Entity Name:** CABO BLANCO HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

793 MAYPORT RD  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

793 MAYPORT RD  
ATLANTIC BEACH, FL 32233 US

**FEI Number: 75-3044498**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BEACHES HABITAT  
793 MAYPORT RD  
ATLANTIC BEACH, FL 32233 US

*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:** DEBBIE JONES

03/11/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SOLA, FERNANDO E  
Address 1045 CABO BLANCO AVE E  
City-State-Zip: JACKSONVILLE FL 32233

Title T  
Name KNAPP, AMY  
Address 1046 E CABO BLANCO AVE  
City-State-Zip: JACKSONVILLE FL 32233

Title S  
Name SOLA, ISABEL  
Address 1045 CABO BLANCO AVE E  
City-State-Zip: JACKSONVILLE FL 32233

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SOLA , FERNANDO E

ACCOUNTING MANAGER 03/11/2025

Electronic Signature of Signing Officer/Director Detail

Date