

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10574

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**7411840201CC**

**Entity Name:** CONDOMINIUM OWNERS ASSOCIATION OF PABLO SURFSIDE, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

4508 SWILCAN BRIDGE LN N  
JACKSONVILLE, FL 32224 US

**FEI Number: 59-2995060**

**Certificate of Status Desired: No**

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

FREEDMAN, BARNEY  
PABLO SURFSIDE CONDO, INC.  
1951 OCEAN DR S 3A  
JACKSONVILLE, FL 32250 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: BARNEY FREEDMAN**

**04/29/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FREEDMAN, BARNEY  
Address 1951 OCEAN DR S #3A  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR, VP  
Name HOFHEIMER, ANDY  
Address 1951 OCEAN DR S. #2B  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR, TREASURER  
Name PARK, DEBBIE  
Address 1951 OCEAN DR S #2A  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name FREEDMAN, CAROL  
Address 1951 OCEAN DR S #4A  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name FREEDMAN, MARYLIN  
Address 1951 OCEAN DR S #4B  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name BENTLEY, KERRY  
Address 1951 OCEAN DR S #1A  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR, PRESIDENT  
Name FOSTER, GARY  
Address 1951 OCEAN DR S #1B  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name BONNETT, JOSEPHINE  
Address 1951 OCEAN DR S #3B  
City-State-Zip: JACKSONVILLE BEACH FL 32250

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*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: BARNEY FREEDMAN**

**DIRECTOR**

**04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            HOFHEIMER, MARIANNE  
Address         1951 OCEAN DR S #2B  
City-State-Zip: JACKSONVILLE BEACH FL 32250