FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01152 (0)

1. Corporation Name

EL PASADO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SEABOARD ARBORS MANAGEMENT SRV. INC. 1700 MCMULLEN BOOTH RD., SUITE CE CLEARWATER FL 34619	C/O SEABOARD ARBORS MANAGEMENT SRV. INC. 1700 MCMULLEN BOOTH RD., SUITE CE CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1984
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2426869 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HICKS, JOYCE M.
C/O SEABOARD ARBORS MANAGEMENT SRV. INC
1700 MCMULLEN BOOTH ROAD, SUITE C3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: Lennard Leighton
82 Street Address (P.O. Box Number Is Not Acceptable): C/O Seaboard Arbors Management Services, Inc.
83: 1700 McMullen Booth Rd., Suite C3
84 City: Clearwater, Fl. FL 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lennard A. Leighton 4/25/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GRONERT, RUTH	1.2 NAME		
STREET ADDRESS	1801 EAST LAKE ROAD, 16C	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	SINGER, HERB	2.2 NAME		
STREET ADDRESS	1801 EAST LAKE ROAD, 11C	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	RUGGIERO, JOHN	3.2 NAME		
STREET ADDRESS	1801 EAST LAKE RD #12-I	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	STD	4.1 TITLE		☐ Change ☐ Addition
NAME	STONE, LEONARD	4.2 NAME		
STREET ADDRESS	1801 EAST LAKE ROAD, 6F	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHRAWN, ROBERT	5.2 NAME	Sima, Bonnie	
STREET ADDRESS	1801 E LAKE RD, 51	5.3 STREET ADDRESS	3016 Landmark Blvd., #406	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	Palm Harbor, Fl. 34684	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth B. Gronert 4/25/95 813/785-3267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ruth B. Gronert

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