FIL	E	NO	W:	FIL	ING	FEE	IS	\$61	.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # NO1152 (0)
1. Corporation Name

El Pasado Condominium Association, Inc.

Principal Place of Business Mailing Address Mailing Address Through Mailing Mailing Address Through Mailing Address Through Mailing Ma 1700 McMullen Booth Road, Suite C-3 SAME Clearwater, Florida 34619

	Clearwater, Florida 34619							3. Date Incorporated or Qualified 01/30/1984 3a. Date of Last Report 02/25/1994		25/1994
2.	Principal Place of Business			2a. Mailing Address			4_ FEI Number 59-2426869		Applied For Not Applicable \$8.75 Additional	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required	
22	City & State			City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	Zip	Country		Zip	30 Co	ountry			Yes L	」No
24 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
	Lennard A C/O Seabo 1700 McMu	A. Leighton bard Arbors M ullen Booth Re er, Florida 3	anag oad, 4619	ement Servic Suite C-3		81 82 83 84	Street Addi	ress (P.O. Box Number is Not Acceptables)	FI	

11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office

11. Pursuant t or register familiar wit	o the provisions of Sections 617.0502 and 617.1508, Florida Statutes, t ed agent, or both, in the State of Florida. Such change was authorized b th, and accept the obligations of, Section 617.0503, Florida Statutes.	he above-named corpor by the corporation's boar	anon southits this state from the appointment as registered agent. I am and of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	NOTE: B	Ragistered Agent signature require	d when reinstating) DATE
	Signature hypother printed name of registreed agent and title if applicable INOTE R  OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	TO DELETE	1.1 TITLE	Change Addition
TITLE	DP	1.2 NAME	
NAME	Leonard Stone	1,3 STREET ADDRESS	
STREET ADDRESS	1801 East Lake Road, 6F	1.4 CiTY+ST-ZiP	
CITY - ST - ZIP	Palm Harbor, Fl 34685	21 TITLE	Change Addition
TITLE	DVP	2 2 NAME	
NAME	Herbert Singer	2 3 STREET ADDRESS	
STREET ADDRESS	1801 East Lake Road, 11 C	2 4 CITY - ST - ZIP	
CITY-ST-ZIP	Palm Harbor, Fl 34685	31 TITLE	☐ Change ☐ Addition
TITLE	D	32 NAME	
NAME	Eleanor Gardner	3 3 STREET ADDRESS	
STREET ADDRESS	1801 East Lake Road, 21 B	3.4. CITY-SI-ZIP	
CITY - ST - ZIP	Palm Harbor, Fl 34685	41 TITLE	Cnange Addition
TITLE		4 2 NAME	
NAME	D D D D D D D D D D D D D D D D D D D	4 3 STREET ADDRESS	
STREET ADDRESS	Richard Paluch		
CITY - ST - ZIP	1801 East Lake Road, 18 D	4 4 CITY - ST - ZIP 5 1 TITLE	Change Addition
TITLE	Palm Harbor, Fl 34685		900001852389ge Addition
NAME	D	5 2 NAME	-06/05/9601093017
STREET ADDRESS	Federico Leon	5 3 STREET ADDRESS	***61.25
CITY-ST-ZIP	1801 East Lake Road, 7G	54 CITY - ST - ZIP	Change Addition
TITLE	Palm Harbor, FL 34685	6 1 TITLE	1.61
NAME		62 NAME	0) 5·1.46
STREET ADORES	5	63 STREET ADDRESS	
	I .	CACITY CT 710	

64 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.

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #