

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 34619-2130

3. Date Incorporated or Qualified 01/30/1984
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21
2a. Mailing Address 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip 25 Country 29 Zip 30 Country
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEIGHTON, LENNARD
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 DARREN K. SHAW
82 Street Address (City, State, Zip, and County) C/O STERLING MANAGEMENT
83 1301 SEMINOLE BLVD. #172
84 City YARGO, FL 85 33770

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 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 I accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE [Signature] DATE 1/20/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, LEONARD	1.2 NAME	
STREET ADDRESS	1801 EAST LAKE ROAD, 6F	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, HERB	2.2 NAME	VP MICHEAL MAGINO
STREET ADDRESS	1801 EAST LAKE ROAD, 11C	2.3 STREET ADDRESS	1801 EAST LAKE ROAD 9-F
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	PALM HARBOR, FLA. 34685
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, ELEANOR	3.2 NAME	VP WILLIAM HANCOCK
STREET ADDRESS	1801 EAST LAKE RD #21-B	3.3 STREET ADDRESS	1801 EAST LAKE ROAD 21-D
CITY-ST-ZIP	PALM HARBOR FL 34685	3.4 CITY-ST-ZIP	PALM HARBOR, FLA. 34685
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALUCH, RICHARD	4.2 NAME	DT RICHARD PALUCH
STREET ADDRESS	1801 EAST LAKE ROAD, 18D	4.3 STREET ADDRESS	1801 EAST LAKE ROAD 18-D
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	PALM HARBOR, FLA. 34685
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, FREDERICO	5.2 NAME	DS RUTH GRONERT
STREET ADDRESS	1801 EAST LAKE ROAD, 7G	5.3 STREET ADDRESS	1801 EAST LAKE ROAD 16-C
CITY-ST-ZIP	PALM HARBOR FL 34685	5.4 CITY-ST-ZIP	PALM HARBOR, FLA. 34685
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

CR2E037 (9/96)