FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

(0)

Mailing Address

EL PASADO CONDOMINIUM ASSOCIATION, INC.

FILED Mar 23 1998 8:00am Secretary of State

80		s manageme Voods blve 1 FL 34685		% JIM NOBLES MANAGEMENT 800 TARPON WOODS BLVD F-1 PALM HARBOR FL 34685				3. Date Incorporated or Qualified 01/30/1984 4. FEI Number Applied For	
-	Principal Di	loop of Buols	2000	2a. Mailing Address				59-2426869 Not Applicable	
2. Principal Place of Business				26				5. Certificate of Status Desired Fee Regulated	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be		
22			27				Trust Fund Contribution Added to Fees		
City & State			City & State				7. Is this nonprofit corporation a homeowners association?		
23				28				☐ Yes ☐ No	
	Zip		Country	Zip		untry		This corporation owes or has paid the current year Intangible	
24		C Name	and Address of Current	Panistered Acent	30	Т		Personal Property Tax due June 30. A yes No 10. Name and Address of New Registered Agent	
		y, Maille	and Address of Carrent	negistered Agent		81	Name		
	MA NO	DI EC MANI	ACEMENT INC						
JIM NOBLES MANAGEMENT, INC. 800 TARPON WOODS BLVD., F-1						82	Street	et Address (P.O. Box Number is Not Acceptable)	
	PALM HARBOR FL 34685					83			
	IALMII	PRIDORTIC	. 01000						
						84	City	FL 85 Zip Code	
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 accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12			OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT		PD	1 5 3 14 3 3	DELETE	•	TITLE		. Change Addition	
NA			LEONARD		1	VAME			
STI	REET ADDRESS		AST LAKE ROAD, 6F		1.3 5	STREET	ADDRESS	S	
	Y-ST-ZIP		IARBOR FL 34685	Decemen		ITY-S	T-ZIP	Change Addition	
TIT		-			2.1 TITLE TO YOUR TO YOUR TO YOUR TO YOUR TO YOUR TO YOUR TO YOU THE Y		PD Change Addition		
NA			NO, MICHAEL AST LAKE RD. 9-F				40000040	MANGINO, MICHAEL 1801 EAST LAKE Rd. 9-F	
	REET ADDRESS		IARBOR FL 34685				ADDRESS	PALM HARBON FL 34625	
CH	Y-ST-ZIP	D	MINDUR PL 34003	DELETE	3.11	CITY - S	51 - ZIP	. Channe Maddition	
NA.		_	H, RICHARD	<u> </u>	1	VAME		SKWAREK, EDWIN 1801 EAST LAKE Rd. 18H	
	REET ADORESS		AST LAKE ROAD., 18-0)			ADDRESS	SIGNI EAST LAKE Rd. 18H	
-	Y-ST-ZIP		ARBOR FL 34685			CITY-S		PALM HARBOR PL 34685	
TIT		STD		DELETE		ITLE	,,	☐ Change ☐ Addition	
NA	ME	446 4644 6486464		4.2	NAME				
STI	REET ADDRESS		AST LAKE ROAD, 16-C		4.3 5	STREET	ADDRESS	s	
CIT	Y-ST-ZIP	PALM F	IARBOR FL 34685		4.40	CITY-S	T-ZIP		
Tri	LE			☐ DELETE	5.11	TITLE		Change Dat Addition	
NA	ME				5.21	NAME		VEAGER, HELEN L. S 1501 EAST LAKE Rd. 12A	
ST	REET ADDRESS				5.3 5	STREET	ADDRESS	S 1801 EAST LAKE Rd. 1214	
CIT	Y-ST-ZIP				5.40	CITY-S'	T-ZIP	PALM HARBON FL 34685	
TΠ	LE			☐ DELETE	6.11	TITLE		Change Addition	
NA	ME					NAME		GARDNER, JAMES 1801 EAST LAKE Rd. 21 B	
ST	REET ADORESS				6.3 5	STREET	ADDRESS		
CIT	Y-ST-ZIP		- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	L 46 (- 40)	6.41	CITY-S	T-ZIP	PAIM HARBOR FL 34685	
14	indicated officer or Block 12 (certify that the on this annu director of the or Block 13 l	e information supplied with ual report or supplemental ne corporation of the receif of changild for on an attab	n tris thing does not qualify to annual report is true and acc yer or trustee tempowered to o ment with an address?	or the ex curate ar execute	empl nd tha this r	ion sta at my si report e	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 617, Florida Statutes; and that my name appears in	

SIGNATURE: