

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90087 049 ****61.25

0072239

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N01152**

1. Corporation Name

EL PASADO CONDOMINIUM ASSOCIATION, INC.

1 3 3 8 6 7 *
 133067 - 90087 - 49

Principal Place of Business
 % JIM NOBLES MANAGEMENT
 800 TARPON WOODS BLVD., F-1
 PALM HARBOR FL 34685

Mailing Address
 % JIM NOBLES MANAGEMENT
 800 TARPON WOODS BLVD., F-1
 PALM HARBOR FL 34685



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/30/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2426869	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		30		Country	

9. Name and Address of Current Registered Agent

JIM NOBLES MANAGEMENT, INC.
 800 TARPON WOODS BLVD., F-1
 PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	VPDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKWAREK, EDWIN	1.2 NAME	SKWAREK, EDWIN
STREET ADDRESS	1801 EAST LAKE ROAD, 18	1.3 STREET ADDRESS	1801 EAST LAKE RD. 18 H
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	PALM HARBOR FL 34685
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGINO, MICHAEL	2.2 NAME	
STREET ADDRESS	1801 EAST LAKE RD. 9-F	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALUCH, RICHARD	3.2 NAME	
STREET ADDRESS	1801 EAST LAKE ROAD., 18-D	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	3.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOJCIK, BARBARA	4.2 NAME	
STREET ADDRESS	1801 EAST LAKE ROAD, 16-C	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, HELEN L.	5.2 NAME	
STREET ADDRESS	1801 EAST LAKE ROAD, 12-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JAMES	6.2 NAME	GARDNER, JAMES
STREET ADDRESS	1801 EAST LAKE ROAD, 21-B	6.3 STREET ADDRESS	1801 EAST LAKE RD. 21B
CITY-ST-ZIP	PALM HARBOR FL 34685	6.4 CITY-ST-ZIP	PALM HARBOR FL 34685

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 2/5/99 727-789-9224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)