

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90081 045 \*\*\*\*61.25

**DOCUMENT # N01152**

1. Entity Name

**EL PASADO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

% JIM NOBLES MANAGEMENT  
 800 TARPON WOODS BLVD., F-1  
 PALM HARBOR FL 34685-2000

**C0037156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**251 WINDWARD PASS.**

3. Mailing Address

**251 WINDWARD PASS.**

Suite, Apt. #, etc.

**SUITE F.**

Suite, Apt. #, etc.

**SUITE F**

City & State

**CLEARWATER, FL.**

City & State

**CLEARWATER, FL.**

Zip

**33767**

Country

**USA**

Zip

**33767**

Country

**USA**

4. FEI Number

**59-2426869**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**JIM NOBLES MANAGEMENT, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**251 WINDWARD PASSAGE, SUITE F.**

City

**CLEARWATER**

FL

Zip Code

**33767**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Sharon O. Seibler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-3-00**

DATE

**FILE NOW:**

**FEE IS \$61.25**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be**

**Added to Fees**

**Make Check Payable to**

**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPDT	<input type="checkbox"/> Delete
NAME	SKWAREK, EDWIN	
STREET ADDRESS	1801 EAST LAKE ROAD 18H	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANGINO, MICHAEL	
STREET ADDRESS	1801 EAST LAKE RD. 9-F	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALUCH, RICHARD	
STREET ADDRESS	1801 EAST LAKE ROAD., 18-D	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARDNER, JAMES	
STREET ADDRESS	1801 EAST LAKE ROAD, 21-B	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Skwarek*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-10-00**

Daytime Phone #

**(727)**

**798-8950**

CR2E037 (9/99)