

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01152

1. Entity Name

EL PASADO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

251 WINDWARD PASS
STE F
CLEARWATER FL 33767
US

251 WINDWARD PASS
STE F
CLEARWATER FL 33767
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE
STE F
CLEARWATER FL 33767

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Wake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPDT
NAME SKWAREK, EDWIN
STREET ADDRESS 1801 EAST LAKE ROAD 18H
CITY-ST-ZIP PALM HARBOR FL 34685 ☒ Delete

TITLE VPD
NAME SKWAREK, EDWIN
STREET ADDRESS 1801 E. LAKE ROAD 18H
CITY-ST-ZIP PALM HARBOR, FL. 34685 ☒ Change ☐ Addition

TITLE PD
NAME MANGINO, MICHAEL
STREET ADDRESS 1801 EAST LAKE RD. 9-F
CITY-ST-ZIP PALM HARBOR FL 34685 ☒ Delete

TITLE SD
NAME MANGINO, MICHAEL
STREET ADDRESS 1801 E. LAKE RD. 9-F
CITY-ST-ZIP PALM HARBOR, FL. 34685 ☒ Change ☐ Addition

TITLE SD
NAME DUDAS, JOSEPH
STREET ADDRESS 1801 EAST LAKE ROAD #9D
CITY-ST-ZIP PALM HARBOR FL 34685 ☒ Delete

TITLE VPD
NAME DUDAS, JOSEPH
STREET ADDRESS 1801 EAST LAKE RD. # 9D
CITY-ST-ZIP PALM HARBOR, FL. 34685 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME GARDNER, JAMES
STREET ADDRESS 1801 EAST LAKE RD. # 21B
CITY-ST-ZIP PALM HARBOR, FL. 34685 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TD
NAME POWERS, PATRICIA
STREET ADDRESS 1801 EAST LAKE RD. # 18B
CITY-ST-ZIP PALM HARBOR, FL. 34685 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

James S. Gardner
GARDNER, JAMES S.

2-27-02

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90153 035 ****61.25

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DO NOT WRITE IN THIS SPACE