

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90411 020 ****61.25

DOCUMENT # N01152

1. Entity Name
EL PASADO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

~~251 WINDWARD PASS~~
~~STE F~~
~~CLEARWATER, FL 33767 US~~

Mailing Address

~~251 WINDWARD PASS~~
~~STE F~~
~~CLEARWATER, FL 33767 US~~

2. Principal Place of Business

1799-B N Belcher Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 14357
Suite, Apt. #, etc.



04052004 Chg-NP CR2E037 (10/03)

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number
59-2426869

Applied For
☐ Not Applicable

Zip Country
33765 USA

Zip Country
33766 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
AMERI TECH REALTY INC
Street Address (P.O. Box Number is Not Acceptable)

1799-B North Belcher Road
City Zip Code
Clearwater FL 33765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

MICHAEL G PEREZ, PRESIDENT 4-7/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SKWAREK, EDWIN	
STREET ADDRESS	1801 EAST LAKE ROAD 18H	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KUMBAT, JOHN	
STREET ADDRESS	1801 E. LAKE RD. 21D	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DUDAS, JOSEPH	
STREET ADDRESS	1801 EAST LAKE ROAD #9D	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARDNER, JAMES	
STREET ADDRESS	1801 EAST LAKE RD #21B	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POWERS, PATRICIA	
STREET ADDRESS	1801 EAST LAKE RD #18B	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
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
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STREET ADDRESS		
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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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-16-04** Daytime Phone # **724-726-8000**