


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90049 006 \*\*\*\*70.00

<b>DOCUMENT # N01152</b>							
1. Entity Name EL PASADO CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 1799-B N BELCHER RD CLEARWATER, FL 33765 US		Mailing Address PO BOX 14357 CLEARWATER, FL 33766 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 <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
AMERI TECH REALTY INC 1799-B NORTH BELCHER ROAD CLEARWATER, FL 33765			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SKWAREK, EDWIN		NAME	James J Bedard			
STREET ADDRESS	1801 EAST LAKE ROAD 18H		STREET ADDRESS	1801 East Lake Road #3E			
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	Palm Harbor, FL 34685			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUMBAT, JOHN		NAME				
STREET ADDRESS	1801 E. LAKE RD. 21D		STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP				
TITLE	<del>VPD</del> SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUDAS, JOSEPH		NAME				
STREET ADDRESS	1801 EAST LAKE ROAD #9D		STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARDNER, JAMES		NAME				
STREET ADDRESS	1801 EAST LAKE RD #21B		STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP				
TITLE	<del>TD</del> VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWERS, PATRICIA		NAME				
STREET ADDRESS	1801 EAST LAKE RD #18B		STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <u>Joseph J. Dudas</u>			3-23-05 727-785-0699				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				