


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90233 012 ****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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 59-2426869	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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 _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 _____ (NOTE: Registered Agent signature required when re-registering)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD SKWAREK, EDWIN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 EAST LAKE ROAD 18H		NAME		
STREET ADDRESS	PALM HARBOR FL 34685		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD MANGINO, MICHAEL	<input checked="" type="checkbox"/> Delete	TITLE	SD JOHN KUMBAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1801 EAST LAKE RD. 9F		NAME	1801 E. LAKE RD 210	
STREET ADDRESS	PALM HARBOR, FL 34685		STREET ADDRESS	PALM HARBOR, FL 34685	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD DUDAS, JOSEPH	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 EAST LAKE ROAD #9D		NAME		
STREET ADDRESS	PALM HARBOR FL 34685		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD GARDNER, JAMES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 EAST LAKE RD #21B		NAME		
STREET ADDRESS	PALM HARBOR FL 34685		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD POWERS, PATRICIA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 EAST LAKE RD #18B		NAME		
STREET ADDRESS	PALM HARBOR FL 34685		STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **SIGNATURE REQUIRED** **03-12-03**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)