

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N31566

1. Entity Name
PASADENA HILLS OWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O CATHERINE D. MAYFIELD
4233 CAPITAL CIR. N.W.
TALLAHASSEE, FL 32303**

Mailing Address
**C/O CATHERINE D. MAYFIELD
4233 CAPITAL CIR. N.W.
TALLAHASSEE, FL 32303**



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6201905	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

**MAYFIELD, CATHERINE D
4223 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32311**

**DO NOT WRITE
IN THIS SPACE**

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, 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAYFIELD, CATHERINE D.
STREET ADDRESS	4223 CAPITAL CIRCLE NW.
CITY - ST - ZIP	TALLAHASSEE, FL

TITLE	D
NAME	GUERINO, JAMES R.
STREET ADDRESS	5893 BRIGHT COURT
CITY - ST - ZIP	TALLAHASSEE, FL

TITLE	D
NAME	MAYFIELD, EMORY
STREET ADDRESS	4223 CAPITAL CIRC N.W.
CITY - ST - ZIP	TALLAHASSEE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/08/04-80018-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____