2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N31566

Entity Name: PASADENA HILLS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SELENA HOLMAN
6714 PASADENA DR
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

C/O SELENA HOLMAN
6714 PASADENA DR
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-6201905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLMAN, SELENA
6714 PASADENA DR
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOLMAN, SELENA
Address: 6714 PASADENA DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: V ( ) Delete
Name: STYS, PAUL
Address: 6734 PASADENA DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: T ( ) Delete
Name: STALLWORTH, MARYLIN
Address: 1117 LOMPOC CT
City-St-Zip: TALLAHASSEE, FL 32317

Title: S ( ) Delete
Name: GREEN, SANDRA
Address: 1112 EUREKA CT
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: CHELETTE, ROBERT
Address: 6732 PASADENA DR.
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYLIN STALLWORTH T 06/22/2009
Electronic Signature of Signing Officer or Director — Date