

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morton
Secretary of State
CORPORATE DIVISION

APPROVED
FILED

DOCUMENT # **N34688** (4)

PASADENA POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

1995-11-18:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15950 BAY VISTA DRIVE SUITE 130 CLEARWATER FL 34620	15950 BAY VISTA DRIVE SUITE 130 CLEARWATER FL 34620

3. Date Incorporated or Qualified 10/12/1989	3a. Date of Last Report 03/02/1994
4. FEI Number 59-1811408	Applied For Not Applicable

21. Principal Place of Business 6000 Gulfport Blvd	2a. Mailing Address 147 Belcher Rd.
22. Subo. Apt. # etc	27. Suite, Apt. #, etc Suite 2
23. City & State Gulfport, FL 33707	28. City & State Largo, FL 33707
24. Zip	29. Zip
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUNN, JON G. 15950 BAY VISTA DRIVE SUITE 130 CLEARWATER FL 34620		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	6000 Gulfport Blvd.
		83. City	Gulfport, FL 33707
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
12.1 NAME DUNN, J.G.	12.2 STREET ADDRESS 15950 BAY VISTA DR., SUITE 130 CLEARWATER FL	13.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME THEIS, S.W.	12.3 STREET ADDRESS 6000 GULFPORT BLVD. ST. PETERSBURG FL	13.2 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.3 NAME ETLINGER, D.L.	12.4 STREET ADDRESS 15950 BAY VISTA DRIVE SUITE 130 CLEARWATER FL 34620	13.3 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12.4 NAME	12.5 STREET ADDRESS	13.4 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.5 NAME	12.6 STREET ADDRESS	13.5 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.6 NAME	12.7 STREET ADDRESS	13.6 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 NAME	12.8 STREET ADDRESS	13.7 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.8 NAME	12.9 STREET ADDRESS	13.8 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 NAME	12.10 STREET ADDRESS	13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 632, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Kathleen B. Murphree
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

APR 11 AM 8:47
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34716** (3)

HUNTER'S CHASE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business: **C/O LANG MANAGEMENT, 5295 TOWN CENTER ROAD SUITE 200, BOCA RATON FL 33486**
Mailing Address: **C/O LANG MANAGEMENT, 5295 TOWN CENTER ROAD SUITE 200, BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: **10/17/1989**
3a. Date of Last Report: **06/14/1994**
4. FLL Number: **59-2997169**
Applied For:
Not Applicable:

2. Principal Office of Business: **21 12785 Forest Hill Blvd**
2a. Mailing Address: **26 12785 Forest Hill Blvd**
Suite, Apt. # etc: **22 Suite C**
27 Suite, Apt. # etc: **27 Suite C**
City & State: **23 West Palm Beach, FL**
26 City & State: **26 WPB FL**
Zip: **24 33414** Country: **25 USA**
29 Zip: **29 33414** Country: **30 USA**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ISSACSON, WILLIAM K.
5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent
81 Name: **Robert C. McLaughlin**
82 Street Address (P.O. Box Number is Not Acceptable): **11801 Pine Island**
83
84 City: **WPB** FL 85 Zip/City: **33414**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0502, Florida Statutes.
SIGNATURE: **Robert C. McLaughlin** 4/25/95

12. OFFICERS AND DIRECTORS

1111 TITLE	PO
112 NAME	BRALEY, STEVE
113 STREET ADDRESS	13198 FOREST HILL BLVD.
114 CITY, ST, ZIP	WEST PALM BEACH FL
2111 TITLE	VD
212 NAME	MCLAUGHLIN, MAC
213 STREET ADDRESS	13198 FOREST HILL BLVD.
214 CITY, ST, ZIP	WEST PALM BEACH FL
3111 TITLE	SD
312 NAME	BUTCHER, LARRY
313 STREET ADDRESS	13198 FOREST HILL BLVD.
314 CITY, ST, ZIP	WEST PALM BEACH FL
4111 TITLE	SD
412 NAME	DEDMAN, DEBRA
413 STREET ADDRESS	PO BOX 100
414 CITY, ST, ZIP	BOCA RATON FL
5111 TITLE	VD
512 NAME	SIEGEL, TOM
513 STREET ADDRESS	PO BOX 100 NA
514 CITY, ST, ZIP	BOCA RATON FL
6111 TITLE	
612 NAME	
613 STREET ADDRESS	
614 CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1111 TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
112 NAME	Robert C. McLaughlin	
113 STREET ADDRESS	11801 Pine Island	
114 CITY, ST, ZIP	WPB FL 33414	
2111 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
212 NAME	Arnold Skinner	
213 STREET ADDRESS	11801 Pine Island	
214 CITY, ST, ZIP	WPB FL 33414	
3111 TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
312 NAME	Walter Johnson	
313 STREET ADDRESS	11801 Pine Island	
314 CITY, ST, ZIP	WPB FL 33414	
4111 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
412 NAME	Tom O'Connor	
413 STREET ADDRESS	11801 Pine Island	
414 CITY, ST, ZIP	WPB FL 33414	
5111 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
512 NAME	Dora Cove	
513 STREET ADDRESS	11801 Pine Island	
514 CITY, ST, ZIP	WPB FL 33414	
6111 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
612 NAME		
613 STREET ADDRESS		
614 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 of this form or in an attachment with an address.
SIGNATURE: **Robert C. McLaughlin** 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR