

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34688** (4)

1. Corporation Name

PASADENA POINT ESTATES HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**8000 GULFPORT BLVD
SUITE 130
GULFPORT FL 33707
US**

**147 BELCHER RD
STE 2
LARGO FL 33707
US**



3. Date Incorporated or Qualified

10/12/1989

4. FEI Number

59-1811408

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRIAN P BUXTON
147 BELCHER RD
STE 2
LARGO FL 33707**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **DUNN, J.G.**
STREET ADDRESS **8000 GULFPORT BLVD**
CITY-ST-ZIP **GULFPORT FL**

1.1 TITLE **DP** ☒ Change ☒ Addition
1.2 NAME **Henry Goldsmith**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Gulfport, FL 33707**

TITLE **D** ☒ DELETE
NAME **PETRANY, ZOLTAN DR**
STREET ADDRESS **8000 GULFPORT BLVD**
CITY-ST-ZIP **GULFPORT FL**

2.1 TITLE **DT** ☐ Change ☒ Addition
2.2 NAME **Gerald Graceffo**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **Gulfport, FL 33707**

TITLE **TDS** ☒ DELETE
NAME **ETLINGER, D.D.**
STREET ADDRESS **8000 GULFPORT BLVD**
CITY-ST-ZIP **GULFPORT FL**

3.1 TITLE **DS** ☐ Change ☒ Addition
3.2 NAME **Dale Beecher**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **Gulfport, FL 33707**

TITLE **DVP** ☐ DELETE
NAME **PRICE, RICHARD**
STREET ADDRESS **8000 GULFPORT BLVD**
CITY-ST-ZIP **GULFPORT FL**

4.1 TITLE **P** ☐ Change ☒ Addition
4.2 NAME **Vincent Bartimo**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **Gulfport, FL 33707**

TITLE **D** ☒ ADDITION ☐ DELETE
NAME **Mario Naranjo**
STREET ADDRESS
CITY-ST-ZIP **Gulfport, FL 33707**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Marcia Silver**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **Gulfport, FL 33707**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Tim Driscoll**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **Gulfport, FL 33707**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

4-20-98

CR2E037 (1097)