

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90047 014 ****61.25

0063012

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N34688

1. Corporation Name
**PASADENA POINT ESTATES HOMEOWNERS ASSOCIATION, I
 NC.**

Principal Place of Business
**6000 GULFPORT BLVD
 SUITE 130
 GULFPORT FL 33707
 US**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/12/1989
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1811408
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent
**BRIAN P BUXTON
 147 BELCHER RD
 STE 2
 LARGO FL 33707**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GELDSMITH, H	
STREET ADDRESS	6000 GULFPORT BLVD	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GRACEFFO, G	
STREET ADDRESS	6000 GULFPORT BLVD	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BEECHER, D	
STREET ADDRESS	6000 GULFPORT BLVD	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARTINO, V	
STREET ADDRESS	6000 GULFPORT BLVD	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Clark Schaefer	
1.3 STREET ADDRESS	6000 Gulfport Blvd	
1.4 CITY-ST-ZIP	Gulfport, FL 33707	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marcia Silver	
3.3 STREET ADDRESS	6000 Gulfport Blvd	
3.4 CITY-ST-ZIP	Gulfport, FL 33707	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dale Boettcher	
4.3 STREET ADDRESS	6000 Gulfport Blvd	
4.4 CITY-ST-ZIP	Gulfport, FL 33707	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mario Naranjo	
5.3 STREET ADDRESS	6000 Gulfport Blvd	
5.4 CITY-ST-ZIP	Gulfport, FL 33707	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bob Stote	
6.3 STREET ADDRESS	6000 Gulfport Blvd	
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 119.07(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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)