

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90042 026 \*\*\*\*61.25

**DOCUMENT # N34688**

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1811408**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRIAN P BUXTON  
 147 BELCHER RD N  
 STE 2  
 LARGO FL 33771**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHEUER, CLARK</b>	
STREET ADDRESS	<b>6103 PASADENA POINT BLVD</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LORTON, DENISE</b>	
STREET ADDRESS	<b>6113 PASADENA PT BLVD</b>	
CITY-ST-ZIP	<b>GULF PORT FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POSEY, JOHN</b>	
STREET ADDRESS	<b>6000 PASADENA AVE</b>	
CITY-ST-ZIP	<b>GULF PORT FL 33707</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POWELL, JIM</b>	
STREET ADDRESS	<b>6135 PASADENA POINT BLVD</b>	
CITY-ST-ZIP	<b>GULF PORT FL 33707</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FISKE, NEAL</b>	
STREET ADDRESS	<b>6311 PASADENA POINT BLVD</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STOTE, BOB</b>	
STREET ADDRESS	<b>6210 PASADENA POINT BLVD</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNETH MAYHALL</b>	
STREET ADDRESS	<b>6204 PASADENA PT. BLVD</b>	
CITY-ST-ZIP	<b>GULFPORT, FL. 33707</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6125 PASADENA PT. BLVD.</b>	
STREET ADDRESS	<b>GULFPORT, FL. 33707.</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LILRIKE BALLECHER</b>	
STREET ADDRESS	<b>6112 PASADENA PT. BLVD.</b>	
CITY-ST-ZIP	<b>GULFPORT, FL. 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RALPH WARMACK</b>	
STREET ADDRESS	<b>6317 PASADENA PT. BLVD.</b>	
CITY-ST-ZIP	<b>GULFPORT, FL. 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIANN MAREK</b>	
STREET ADDRESS	<b>6230 PASADENA PT. BLVD.</b>	
CITY-ST-ZIP	<b>GULFPORT, FL. 33707.</b>	

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02  
 Date

727/538-0034  
 Daytime Phone #

CR2E037 (9/01)