

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90212 002 \*\*\*\*61.25

**DOCUMENT # N34688**

1. Entity Name  
**PASADENA POINT ESTATES HOMEOWNERS  
ASSOCIATION, INC.**



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

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

**44044299**



04262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1811408**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **VP**  
NAME **MAYHALL, KENNETH**  
STREET ADDRESS **6204 PASADENA PT. BLVD.**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **D**  
NAME **LORTON, DENISE**  
STREET ADDRESS **6113 PASADENA PT BLVD**  
CITY-ST-ZIP **GULF PORT, FL 33707**

TITLE **POSEY, JOHN**  
NAME **POSEY, JOHN**  
STREET ADDRESS **6116 PASADENA PT. BLVD.**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **D**  
NAME **SCHERER, CLARK**  
STREET ADDRESS **6103 PASADENA POINT BLVD**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **D**  
NAME **WARMACK, RALPH**  
STREET ADDRESS **6317 PASADENA PT. BLVD.**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **MARK L. HANN**  
NAME **MARK L. HANN**  
STREET ADDRESS **6112 PASADENA PT. BLVD.**  
CITY-ST-ZIP **GULFPORT, FL 33707**

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/27/2004**

Date

**707-538-0034**

Daytime Phone #