


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90165 004 \*\*\*\*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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1811408			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BRIAN P BUXTON 147 BELCHER RD N STE 2 LARGO, FL 33771			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____			DATE _____				
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARCK, LUANN			NAME			
STREET ADDRESS	6230 PASADENA PT BLVD			STREET ADDRESS			
CITY-ST-ZIP	GULFPORT, FL 33707			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENNINGS, ED			NAME			
STREET ADDRESS	6116 PASADENA PT. BLVD.			STREET ADDRESS			
CITY-ST-ZIP	GULF PORT, FL 33707			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISKE, NEAL			NAME			
STREET ADDRESS	6311 PASADENA PT BLVD			STREET ADDRESS			
CITY-ST-ZIP	GULFPORT, FL 33707			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHERER, CLARK			NAME	D GILROY, BRIAN		
STREET ADDRESS	6103 PASADENA POINT BLVD			STREET ADDRESS	6133 PASADENA Pt. Blvd		
CITY-ST-ZIP	GULFPORT, FL 33707			CITY-ST-ZIP	GULFPORT, FL 33707		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WEIR, ROBERT			NAME	D MILLER, ALLEN		
STREET ADDRESS	6128 PASADENA PT BLVD			STREET ADDRESS	6318 PASADENA Pt. Blvd		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707			CITY-ST-ZIP	GULFPORT, FL 33707		
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUNDSCHU, RICK			NAME			
STREET ADDRESS	6230 PASADENA PT. BLVD.			STREET ADDRESS			
CITY-ST-ZIP	GULFPORT, FL 33707			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Edward L. CAM</u>			Date: <u>4/10/06</u>		Daytime Phone #: <u>727-538-0034</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							