

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90140 005 \*\*\*\*61.25

**DOCUMENT # N34688**



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

Principal Place of Business Mailing Address  
**6000 GULFPORT BLVD 147 BELCHER RD  
SUITE 130 STE 2  
GULFPORT FL 33707 LARGO FL 33707  
US US**

10020090



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1811408**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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

*[Handwritten Signature]*

**1-24-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAYHALL, KENNETH</b>	
STREET ADDRESS	<b>6204 PASADENA PT. 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>6125 PASADENA PT. BLVD.</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ULRIKE, BALLERCHEF</b>	
STREET ADDRESS	<b>6112 PASADENA PT. BLVD.</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARMACK, RALPH</b>	
STREET ADDRESS	<b>6317 PASADENA PT. BLVD.</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MAREK, LUANN</b>	
STREET ADDRESS	<b>6230 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>CLARK SCHERER</b>	
STREET ADDRESS	<b>6103 PASADENA POINT 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>ROBERT MARTIN</b>	
STREET ADDRESS	<b>6212 PASADENA POINT 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>ED JENNINGS</b>	
STREET ADDRESS	<b>6216 PASADENA POINT 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>ROBERT WEIR</b>	
STREET ADDRESS	<b>6128 PASADENA POINT 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Handwritten Signature]* **BRIAN P. BUXTON** 3/11/03 707/538-0034

CR2E037 (10/02)