

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

DOCUMENT # **N39091** (6)
1. Corporation Name
PASADENA PLACE HOMEOWNERS ASSOCIATION, INC.

MAY - 1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6000 GULFPORT BLVD. GULFPORT FL 33707	Mailing Address 6000 GULFPORT BLVD. GULFPORT FL 33707
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3. Date Incorporated or Qualified 06/27/1990	3a. Date of Last Report 04/22/1994
4. FEI Number APPLIED FOR 59-3174327	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**DUNN, JON G.
15950 BAY VISTA DRIVE- SUITE 130
CLEARWATER FL 34620 --**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
6000 Gulfport Boulevard
83. City
Gulfport, FL 33707
84. State
FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE  (Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD J.G. DUN 15950 BAY VISTA DR STE 130 CLEARWATER FL 34620	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition 6000 Gulfport Boulevard Gulfport, FL 33707
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD S.W. THEIS 6000 GULFPORT BLVD - ST PETERS FL 33707	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☒ Change ☐ Addition VD J.M. McClanahan 6000 Gulfport Boulevard Gulfport, FL 33707
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TDS ETLINGER, D.L. 15950 BAY VISTA DRIVE-SUITE 130 CLEARWATER FL 34620	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☒ Change ☐ Addition 6000 Gulfport Boulevard Gulfport, FL 33707
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☒ Addition D Tara Oiff 2219 Pasadena Place Gulfport, FL 33707
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jon G. Dunn, President
1/24/95 (B) 393-3331