FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

GULFPORT FL

GULFPORT FL

2219 PASADENA PLACE

OFF, TARA



FLORIDA DEPARTMENT F STATE

Sandra B. Morti

Secretary of Star

DIVISION OF CORPORTIONS

DOCUMENT # N:

N39091

(6)

Mailing Address

PASADENA PLACE HOMEOWNERS ASSOCIATION, INC.

C/O J.L. JACK 6000 GULFPOF GULFPORT FL	RT BLVD.	147 BELCHER RD STE 2 LARGO FL 33771 US		3. Date incorporated or Qualified 06/27/1990	3a. Date of Last Report 03/20/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3174327	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		\$8.75 Additional Fee Required
City & State		City & State	City & State		\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for in	
24	25	29] 30	0	Florida Statutes 10. Name and Address of New Rec	Yes 🗷 No
					listeled Agent
	Jon G. Ulfport BLVD Ort FL 33707		83 147	ress (P.O. Box Number is Not Acceptable) Belcher Rd - 5k	
11. Pursuant to the provisions of Sections 617 0502 and 617 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 177 0503. Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and little (Applicable). (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS OF IANGLE TO OF THE	Change Addition
NAME	J.G. DUN		1.2 NAME		Z stange Z stanton
STREET ADDRESS	6000 GULFPORT BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL		1.4 CITY - ST-ZIP		33707
TITLE	VB~	XI DELETE	2.1 TITLE		Change Addition
NAME	MCCLANAHAN: J M-		2.2 NAME		
STREET ADDRESS	6000 GULFPORT BLVD		2.3 STREET ADDRESS		Ì
CITY-ST-ZIP	GULFPORT FL		2. 4 CITY-ST-ZIP		
TITLE	TDS	DELETE	3.1 TITLE		Change Addition
NAME	ETUNGER, D.L.		3.2 NAME		
STREET ADDRESS	6000 GULFPORT BLVD		3.3 SREET ADDRESS		_

14. I do 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 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.

4.3 S REET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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DELETE

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DELETE

3/7/02 212 212 2

Change

33707

Change Addition

33707

Change Addition

■ Addition

FILED

Mar 17 1997 8:00am

Secretary of State

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