FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90076 028 ****61.25

DOCUMENT # N39091

1. Corporation Name: Pasadena PLACE HOMEOWNERS ASSOC., INC.

GS

Principal Place of Business	Mailing Address
6000 Gulfport Blvd. Gulfport, FL 33707 US	c/o CMC 4175 East Bay Dr., Ste. 205 Clearwater, FL 33764 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	6/27/90
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3174327 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: c/o Community Mgmt. Concepts, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 4175 East Bay Dr., Ste 205
83
84 City: Clearwater **FL** 85 Zip Code: 33764

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 617.0503, Florida Statutes.

SIGNATURE: NADINE WADSWORTH — Property Manager — 3/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Dunn, Jon		1.2 NAME		
STREET ADDRESS	6000 Gulfport Blvd.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Gulfport, FL 33707		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Etlinger, Dea		2.2 NAME		
STREET ADDRESS	6000 Gulfport Blvd.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Gulfport, FL 33707		2.4 CITY-ST-ZIP		
TITLE	TDS	☑ DELETE	3.1 TITLE	TDS	☐ Change ☑ Addition
NAME	Byerly, J. A.		3.2 NAME	T.G. Howard	
STREET ADDRESS	6000 Gulfport Blvd.		3.3 STREET ADDRESS	6000 Gulfport, Blvd.	
CITY-ST-ZIP	Gulfport, FL 33707		3.4 CITY-ST-ZIP	Gulfport, FL 33707	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: X Jon Etlinger — Vice President — 3/18/99 — (727)343-3231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #