2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 01, 2000 8:00 am
Secretary of State
05-04-2000 90111 001 ****61.25

DOCUMENT # N39091

1. Entity Name

PASADENA PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6000 GULFPORT BLVD GULFPORT FL 33707	C/O CMC 4175 E BAY DR STE 205 CLEARWATER FL 33764-6977 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3174327 ☐ Applied For ☐ Not Applicable

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
C/O COMMUNITY MGMT CONCEPT, INC. 4175 E BAY DR STE 205 CLEARWATER FL 33764	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.

SIGNATURE _____
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD J.G. DUN 6000 GULFPORT BLVD GULFPORT FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lawrence Sawitsky 2217 PASADENA PLACE GULFPORT FL 33707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ETLINGER, D.L 6000 GULFPORT BLVD GULFPORT FL 33707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Ernie Segundo 2219 PASADONA PLACE GULFPORT FL 33707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDS HOWARD, T G 6000 GULFPORT BLVD GULFPORT FL 33707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Elaine Jackson 2207 PASADONA Place GULFPORT FL 33707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 4/13/00 727-384-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #