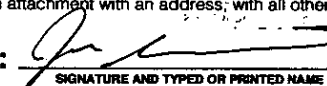


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90033 023 ****61.25

DOCUMENT # N39091 1. Entity Name PASADENA PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6000 GULFPORT BLVD GULFPORT, FL 33707			Mailing Address C/O RESOURCE PROPERTY MGMT 7300 PARK STREET SEMINOLE, FL 33777 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C/O RESOURCE PROPERTY MGMT 7300 PARK STREET SEMINOLE, FL 33777			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 8, 2004		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	D SAVITSKY, LAWRENCE ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	2217 PASADENA PLACE		NAME		
STREET ADDRESS	SAINT PETERSBURG, FL 33707		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD SEQUENDO, ERNIE ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	2219 PASADONA PLACE		NAME		
STREET ADDRESS	SAINT PETERSBURG, FL 33707		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD GUARINO, JOHN ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	2206 PASADENA PLACE		NAME		
STREET ADDRESS	GULFPORT, FL 33707		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  John Guarino, Pres. 6/29/04 722 821-4900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

