2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State
07-15-2005 90022 047 ****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 RESOURCE PROPERTY MGMT 7300 PARK STREET SEMINOLE, FL 33777 US

DO NOT WRITE IN THIS SPACE

07122005 No Chg-NP CR2E037 (10/03)

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

C/O RESOURCE PROPERTY MGMT
7300 PARK STREET
SEMINOLE, FL 33777

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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 _____ DATE
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 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAVITSKY, LAWRENCE
STREET ADDRESS	2217 PASADENA PLACE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	TD
NAME	SEQUNDO, ERNIE
STREET ADDRESS	2219 PASADONA PLACE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	PD
NAME	GUARINO, JOHN
STREET ADDRESS	2206 PASADENA PLACE
CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 8/5/05 (727) 821-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN GUARINO, President