

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90185 041 ****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 CMC
4175 E BAY DR STE 205
CLEARWATER FL 33764
US**

2. Principal Place of Business

3. Mailing Address

**C/O Resource Property Mgmt
1300 Park Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seminole FL

Zip

Country

Zip

Country

33777 USA



☐ CHECK HERE IF MAKING CHANGES

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

**C/O Resource Property Mgmt
1300 Park Street**

City

FL

Zip Code

33777

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] **SIGNATURE REQUIRED** **JOHN GUARINO**

2/26/03

727 898-5100

CR2E037 (10/02)