

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34688

**FILED  
Apr 27, 2015  
Secretary of State  
CC2320311955**

**Entity Name:** PASADENA POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6000 GULFPORT BLVD  
SUITE 130  
GULFPORT, FL 33707

**Current Mailing Address:**

204 37TH AVENUE NORTH  
SUITE 430  
ST. PETERSBURG, FL 33704 US

**FEI Number: 59-3311271**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NFC PROPERTY MANAGEMENT, INC.  
204 37TH AVENUE NORTH  
SUITE 430  
ST. PETERSBURG, FL 33704 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name THOMAS, THOMAS  
Address 6224 PASADENA POINT BLVD. S.  
City-State-Zip: GULFPORT FL 33707

Title TR  
Name LIU, TOM JR.  
Address 6116 PASADENA POINT BLVD. S.  
City-State-Zip: GULFPORT FL 33707

Title S  
Name VENCKUS, CAROL  
Address 6231 PASADENA POINT BLVD. S.  
City-State-Zip: GULFPORT FL 33707

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TOM THOMAS**

**PRESIDENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date