

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:28

DOCUMENT # 364386

(3)

1. Corporation Name

PASADENA MANAGEMENT COMPANY INC

Principal Place of Business

7500 SUN ISLAND DRIVE
SOUTH PASADENA FL 33707

Mailing Address

7500 SUN ISLAND DRIVE
SOUTH PASADENA FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1970

3a. Date of Last Report

03/03/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1354479

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

ZACUR, RICHARD A.
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

SCHUMACHER, MURIEL
7500 SUN ISLAND DRIVE
SOUTH PASADENA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

~~RITCHES, MARGE~~
7500 SUN ISLAND DRIVE
SOUTH PASADENA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change

☐ Addition

MAURICE YOUNG

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

~~RODRIGUEZ, DANIEL~~
7500 SUN ISLAND DRIVE
SOUTH PASADENA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change

☐ Addition

ART LINDGREN

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Muriel Schumacher* Muriel Schumacher, Sec. 2/23/95 813-360-2751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #