2002 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2002 8:00 am Secretary of State **DOCUMENT # 705183** SOUTH PASADENA CIVIC ASSOCIATION, INC. 01-22-2002 90020 020 ****61.25 Principal Place of Business Mailing Address 7347 SUNSET DR. 1866 SHORE DRIVE SOUTH #305 C/O AGNES STEBELTON 1868 SHORE DR SO. #311 S. PASADENA FL 33707 S. PASADENA FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2018775 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'LEARY, DONALD M Street Address (P.O. Box Number is Not Acceptable) 4753 CENTRAL AVENUE ST PETERSBURG FL 33713 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VD TITLE ☐ Delete TITLE ☐ Change Addition MAYHEW, VERA NAME NAME STREET ADDRESS 1868 SHORE DR SO #35 STREET ADDRESS CITY-ST-7IP S. PASADENA FL 33707 CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition STEBELTON, AGNES NAME STREET ADDRESS 1868 SHORE DR SO 311 STREET ADDRESS CITY-ST-ZIP SOUTH PASADENA FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STAJICH, SIBYLLE NAME 1847 SHORE DR SO, #315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP S. Pasadena fl CITY-ST-ZIP VD. ☐ Delete TITLE ☐ Change ☐ Addition EIDEL. MARY NAME STREET ADDRESS 7050 SUNSET DR #1215 STREET ADDRESS CITY-ST-ZIP S. PASADENA FL 33707 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ■ Addition WINANS, GERALDINE M. NAME NAME 6924 south shore dr. so. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP S. Pasadena fl CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change Addition HELD. ALMA NAME STREET ADDRESS 7700 SUN ISLAND DR. #601 STREET ADDRESS CITY-ST-ZIP S. Pasadena fl 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: