


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90107 023 \*\*\*\*61.25

<b>DOCUMENT # 705183</b> 1. Entity Name <b>SOUTH PASADENA CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>7047 SUNSET DR 1868 SHORE DRIVE, SOUTH #305 S. PASADENA FL 33707</b>			Mailing Address <b>C/O AGNES STEBELTON 1868 SHORE DR SO, #311 S. PASADENA FL 33707</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>O'LEARY, DONALD M 4753 CENTRAL AVENUE ST PETERSBURG FL 33713</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYHEW, VERA		NAME	Fred Held	
STREET ADDRESS	1868 SHORE DR SO #35		STREET ADDRESS	7700 Sun Island Dr. #601	
CITY- ST- ZIP	S. PASADENA FL 33707		CITY- ST- ZIP	S. Pasadena Fl. 33707	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEBELTON, AGNES		NAME		
STREET ADDRESS	1868 SHORE DR SO 311		STREET ADDRESS		
CITY- ST- ZIP	SOUTH PASADENA FL		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAJICH, SIBYLLE		NAME		
STREET ADDRESS	1847 SHORE DR SO, #315		STREET ADDRESS		
CITY- ST- ZIP	S. PASADENA FL		CITY- ST- ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINANS, GERALDINE M.		NAME		
STREET ADDRESS	6924 SOUTH SHORE DR. SO.		STREET ADDRESS		
CITY- ST- ZIP	S. PASADENA FL		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELD, ALMA		NAME		
STREET ADDRESS	7700 SUN ISLAND DR. #601		STREET ADDRESS		
CITY- ST- ZIP	S. PASADENA FL		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E037 (10/06)

4. FEI Number **59-2018775** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Agnes Stebelton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Agnes Stebelton*

Date

**727-347-5292**

Daytime Phone #