

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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90008 039 \*\*\*\*61.25

**DOCUMENT # 705183**

1. Entity Name

**SOUTH PASADENA CIVIC ASSOCIATION, INC.**



Principal Place of Business

**7047 SUNSET DR  
1868 SHORE DRIVE, SOUTH #305  
S. PASADENA FL 33707**

Mailing Address

**C/O AGNES STEBELTON  
1868 SHORE DR SO. #311  
S. PASADENA FL 33707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2018775**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**O'LEARY, DONALD M  
4753 CENTRAL AVENUE  
ST PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **VD** ☐ Delete  
NAME **MAYHEW, VERA**  
STREET ADDRESS **1868 SHORE DR SO #35**  
CITY-ST-ZIP **S. PASADENA FL 33707**

TITLE **PD** ☐ Delete  
NAME **STEBELTON, AGNES**  
STREET ADDRESS **1868 SHORE DR SO 311**  
CITY-ST-ZIP **SOUTH PASADENA FL**

TITLE **VD** ☐ Delete  
NAME **STAJICH, SIBYLLE**  
STREET ADDRESS **1847 SHORE DR SO, #315**  
CITY-ST-ZIP **S. PASADENA FL**

TITLE **VD** ☒ Delete  
NAME **EIDEL, MARY**  
STREET ADDRESS **7050 SUNSET DR #1215**  
CITY-ST-ZIP **S. PASADENA FL 33707**

TITLE **SD** ☐ Delete  
NAME **WINANS, GERALDINE M.**  
STREET ADDRESS **6924 SOUTH SHORE DR. SO.**  
CITY-ST-ZIP **S. PASADENA FL**

TITLE **TD** ☐ Delete  
NAME **HELD, ALMA**  
STREET ADDRESS **7700 SUN ISLAND DR. #601**  
CITY-ST-ZIP **S. PASADENA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 of Alma Held*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*1/6/03*  
Date

*727-349-5292*  
Ordinary Phone #

CR2E037 (10/02)