

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90084 018 ****61.25

DOCUMENT # 763508



1. Entity Name
PINES OF PASS-A-GRILLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**108 14TH AVE #3
UNIT #3
ST PETERSBURG BCH FL 33706
US**

Mailing Address
**108 14TH AVE #3
UNIT #3
ST PETERSBURG BCH FL 33706
US**

11008233



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0433020		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RUSSELL, JOHN H 108 14TH AVE UNIT 3 ST PETERSBURG BCH FL 33706				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, SUSAN M		NAME		
STREET ADDRESS	108 14TH AVE APT. #4		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33706		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, JOHN H		NAME		
STREET ADDRESS	108 14TH AVE #3		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDERITS, CHARLES H		NAME	Sandra Van Deusen	
STREET ADDRESS	108 14TH AVE #3		STREET ADDRESS	108 14th Ave # 2	
CITY-ST-ZIP	ST PETE BCH FL 33706		CITY-ST-ZIP	ST. Pete Beach FL 33706	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, ARTHUR		NAME		
STREET ADDRESS	108 14TH AVENUE # 1		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG BEACH FL 33706		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		
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		

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: SIGATURE REQUIRED **4/20/2003 (727) 360-5055**

CR2E037 (10/02)