

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 763868 (7)

1. Corporation Name:

PASS-A-GRILLE PLACE OFFICE CONDOMINIUM ASSOCIATI
ON, INC.

Principal Place of Business

Mailing Address

107 8TH AVE.
P.O. BOX 46542
ST PETE BCH FL 33741

107 8TH AVE.
P.O. BOX 46542
ST PETE BCH FL 33741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/22/1982

3a. Date of Last Report
02/25/1994

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, W W, TREASURER
P.O. BOX 46542
ST PETERSBURG BCH FL 33706

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 607.1506, 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 the Corporation

(Signature Typed or Printed Name of Registered Agent and the Corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME PD
MARTIN, HUGH M
STREET ADDRESS 107 8TH AVE. P.O. BOX 46542
CITY ST ZIP ST PETERSBURG BCH FL

12 TITLE
NAME SD
ABRAHAM, SUSAN
STREET ADDRESS 108 12TH AVE
CITY ST ZIP ST PETERSBURG BCH FL

13 TITLE
NAME TD
ROGERS, WOODS W, III
STREET ADDRESS 107 8TH AVE. P.O. BOX 46542
CITY ST ZIP ST PETERSBURG BCH FL

14 TITLE
NAME
STREET ADDRESS
CITY ST ZIP

15 TITLE
NAME
STREET ADDRESS
CITY ST ZIP

16 TITLE
NAME
STREET ADDRESS
CITY ST ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 199.03(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 this corporation or its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

WOODS W. ROGERS, III

16 May 95

(813) 872-6445