

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765937 (8)

1. Corporation Name

PASADENA COVE OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O WIRTH PROPERTY MANAGEMENT, INC.
1401 GEMINOLE BLVD #110
LARGO FL 34643-5183
US

3. Date Incorporated or Qualified 12/02/1982
3a. Date of Last Report 04/18/1994
4. FEI Number 59-2299602
Applied For Not Applicable

2. Principal Place of Business Mailing Address
21 Condominium Associates
300 31st Street North
Suite, Apt. #, etc. Suite 125
City & State St. Petersburg, FL
24 Zip 33713 25 Country Pinellas
26 Condominium Associates
P. O. Box 12709
Suite, Apt. #, etc. Suite 125
City & State St. Petersburg, FL
29 Zip 33733-2709 30 Country Pinellas

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

9. Name and Address of Current Registered Agent
WAGNER, CAROLYN S
CONDOMINIUM ASSOC.
300 31ST ST. N. SUITE 125
ST. PETERSBURG FL 33733

10. Name and Address of New Registered Agent
81 Name PEGGY MENDELSON
82 Street Address (P.O. Box Number is Not Acceptable) PLAZA 300 EAST SUITE 125, 300 31ST STREET NO.
83
84 City ST PETERSBURG FL 85 Zip Code 33713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE *Peggy Mendelson*
NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILBOURN, GLORIA	12 NAME	
STREET ADDRESS	1332 PASADENA AVE., S. 601	13 STREET ADDRESS	
CITY - ST - ZIP	S PASADENA FL	14 CITY - ST - ZIP	
TITLE	TD	21 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWER, PAUL	22 NAME	Bud Sohngen
STREET ADDRESS	104 PASADENA AVENUE, S. VILA 2	23 STREET ADDRESS	1320 Pasadena Av S #502
CITY - ST - ZIP	S PASADENA FL	24 CITY - ST - ZIP	South Pasadena, FL 33707
TITLE	D	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, JOAN	32 NAME	Frank Levitt
STREET ADDRESS	1304 PASADENA AVE S., VILA 4	33 STREET ADDRESS	545 Capri Blvd
CITY - ST - ZIP	S PASADENA FL	34 CITY - ST - ZIP	Treasure Island, FL 33706
TITLE	PD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLOW, ALBERT	42 NAME	
STREET ADDRESS	1332 PASADENA AVE. S., 308	43 STREET ADDRESS	
CITY - ST - ZIP	S PASADENA FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BOB	52 NAME	Tim Keenan
STREET ADDRESS	1328 PASADENA AVE. S., 203	53 STREET ADDRESS	1324 Pasadena Av S #602
CITY - ST - ZIP	S PASADENA FL	54 CITY - ST - ZIP	South Pasadena, FL 33707
TITLE	SD	61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, MAUREN	62 NAME	Hal Sugarman
STREET ADDRESS	1318 PASADENA AVE. S., 401	63 STREET ADDRESS	9366 Springlakes Dr
CITY - ST - ZIP	S PASADENA FL	64 CITY - ST - ZIP	Indianapolis, IN 46260

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 607.013(4), Florida Statutes. I further certify that the information included on this annual report or supplemental 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 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Peggy Mendelson* 4/10/95 813-327-9352
DATE: TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DAYTIME PHONE #