

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765937 (8)

1. Corporation Name
PASADENA COVE OWNERS' ASSOCIATION, INC.



Principal Place of Business 1320 PASADENA AVE S. S. PASADENA FL 33713 US	Mailing Address 10033 9TH ST N. 2ND FLOOR ST PETERSBURG FL 33716-3804 US
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3. Date Incorporated or Qualified 12/02/1982	3a. Date of Last Report 08/16/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 59-2299602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SMITH, BRIAN K
10033 9TH ST N.
2ND FLOOR
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOHNGEN, SCHULER W	1.2 NAME	Sohngen, Schuler
STREET ADDRESS	1320 PASADENA AVE S. #502	1.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	S PASADENA FL 33707	1.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, TIMOTHY	2.2 NAME	Paterson, Eve
STREET ADDRESS	1324 PASADENA AVE S. #602	2.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	S PASADENA FL 33707	2.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERSON, EVE	3.2 NAME	Fortel, Galina
STREET ADDRESS	1316 PASADENA AVE S. #204	3.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	S. PASADENA FL 33707	3.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JELINEK, RICHARD	4.2 NAME	Sugarman, Harold
STREET ADDRESS	1342 PASADENA AVE S. #601	4.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	S PASADENA FL 33707	4.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	R <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTEL, GALINA	5.2 NAME	Rawry, Edward
STREET ADDRESS	1320 PASADENA AVE S. #601	5.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	S PASADENA FL 33707	5.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUDA, WILLIAM	6.2 NAME	Foster, Sandra
STREET ADDRESS	1316 PASADENA AVE S. #103	6.3 STREET ADDRESS	10033 9th Street North
CITY-ST-ZIP	S. PASADENA FL 33707	6.4 CITY-ST-ZIP	St. Petersburg, Florida

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated 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 if changed, or on an attachment with an address.

SIGNATURE: *Sandra Foster, President, Pasadena Cove Owners Assoc., 4-21-97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061209

CFR2037 (9/96)