

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1320 PASADENA AVE S. S. PASADENA FL 33713 US</b>	Mailing Address <b>10033 9TH ST N. 2ND FLOOR ST PETERSBURG FL 33716 US</b>
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3. Date Incorporated or Qualified <b>12/02/1982</b>	
4. FEI Number <b>59-2299602</b>	Applied For <input type="checkbox"/> Not Applicable

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
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P/D</b>
NAME	<b>SOHNGEN, SCHULER W</b>	1.2 NAME	<b>Lloyd Scott</b>
STREET ADDRESS	<b>10033 9TH ST. N</b>	1.3 STREET ADDRESS	<b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>
CITY-ST-ZIP	<b>ST. PETE FL</b>	1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33716-3805</b>
TITLE	<b>ST</b>	2.1 TITLE	<b>VP/D</b>
NAME	<b>PATERSON, EVE</b>	2.2 NAME	<b>Shirley Fischer</b>
STREET ADDRESS	<b>10033 9TH ST N</b>	2.3 STREET ADDRESS	<b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>
CITY-ST-ZIP	<b>ST. PETE FL</b>	2.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33716-3805</b>
TITLE	<b>ST</b>	3.1 TITLE	<b>S/D</b>
NAME	<b>PATERSON, EVE</b>	3.2 NAME	<b>Paul Tower</b>
STREET ADDRESS	<b>10033 9TH ST N.</b>	3.3 STREET ADDRESS	<b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>
CITY-ST-ZIP	<b>ST. PETE FL</b>	3.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33716-3805</b>
TITLE	<b>D</b>	4.1 TITLE	<b>T/D</b>
NAME	<b>SUGARMAN, HAROLD</b>	4.2 NAME	<b>Diane Hodson</b>
STREET ADDRESS	<b>10033 9TH ST N</b>	4.3 STREET ADDRESS	<b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>
CITY-ST-ZIP	<b>ST. PETE FL</b>	4.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33716-3805</b>
TITLE	<b>D</b>	5.1 TITLE	<b>D</b>
NAME	<b>FORTEL, GALINA</b>	5.2 NAME	<b>Tony Saporito</b>
STREET ADDRESS	<b>10033 9TH ST N</b>	5.3 STREET ADDRESS	<b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>
CITY-ST-ZIP	<b>ST. PETE FL</b>	5.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33716-3805</b>
TITLE	<b>D</b>	6.1 TITLE	<b>D</b>
NAME	<b>FOSTER, SANDRA</b>	6.2 NAME	<b>Bob Lartz</b>
STREET ADDRESS	<b>10033 9TH ST N</b>	6.3 STREET ADDRESS	<b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>
CITY-ST-ZIP	<b>ST. PETE FL</b>	6.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33716-3805</b>

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14. 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 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 amendment with an address.

SIGNATURE: *[Signature]* 4-7-98

CR2E037 (10/97)

**Additional Director:**

**Ian Milne  
10033 Ninth Street North  
St. Petersburg, Fl 33716**