

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90235 036 \*\*\*\*61.25

**DOCUMENT # 765937**

1. Entity Name

**PASADENA COVE OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1320 PASADENA AVE S.  
 S. PASADENA FL 33713  
 US

CONDOMINIUM ASSOCIATES  
 3001 EXECUTIVE DR #260  
 CLEARWATER FL 33762-3389  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2299602**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM ASSOCIATES  
 3001 EXECUTIVE DR  
 STE 260  
 CLEARWATER FL 33762

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.

SIGNATURE

Signature; typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	<del>COOK, CHARLES</del>	
STREET ADDRESS	<del>1324 PASADENA AVE #201</del>	
CITY-ST-ZIP	<del>S PASADENA FL 33707</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<del>FISCHER, SHIRLEY</del>	
STREET ADDRESS	<del>1352 PASADENA AVE #4-107</del>	
CITY-ST-ZIP	<del>S PASADENA FL 33707</del>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<del>TOWER, PAUL</del>	
STREET ADDRESS	<del>1304 PASADENA AVE VILLA 2</del>	
CITY-ST-ZIP	<del>S PASADENA FL 33707</del>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<del>HODSON, DIANE</del>	
STREET ADDRESS	<del>1304 PASADENA AVE VILLA 2</del>	
CITY-ST-ZIP	<del>S PASADENA FL 33707</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILNE, RON	
STREET ADDRESS	1332 PASADENA AVE # 4-108	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	<del>WILSON, JAYNE</del>	
STREET ADDRESS	<del>1320 PASADENA AVE #2-604</del>	
CITY-ST-ZIP	<del>S PASADENA FL 33707</del>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BOB	
STREET ADDRESS	1328 PASADENA AVE, #1308	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, CHARLES	
STREET ADDRESS	1332 PASADENA AVE # 4308	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALKBRENNER, MYRNA	
STREET ADDRESS	1328 PASADENA AVE, #3102	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BOB	
STREET ADDRESS	1304 PASADENA AVE, VILLA #9	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFORDS, RUTH	
STREET ADDRESS	1316 PASADENA AVE, #5208	
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: Robert John Anderson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

Daytime Phone #

CR2E037 (9/99)