

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90018 022 \*\*\*\*61.25

0063563

**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  
 US

00036629



DO NOT WRITE IN THIS SPACE

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

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	D	<input type="checkbox"/> Delete
NAME	JEFFORDS, RUTH	
STREET ADDRESS	1316 PASADENA AVE #5208	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>PARSONS, CHARLES</del>	
STREET ADDRESS	1332 PASADENA AVE #4308	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	<del>TD</del>	<input type="checkbox"/> Delete
NAME	KALKBRENNER, MYRNA	
STREET ADDRESS	1328 PASADENA AVE #3102	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	ANDERSON, BOB	
STREET ADDRESS	1304 PASADENA AVE VILLA #9	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>MILNE, RON</del>	
STREET ADDRESS	1332 PASADENA AVE # 4-108	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	<del>TD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>JONES, BOB</del>	
STREET ADDRESS	1328 PASADENA AVE #3608	
CITY-ST-ZIP	S PASADENA FL 33707	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick Kalkbrenner	
STREET ADDRESS	1328 Pasadena Ave # 3102	
CITY-ST-ZIP	S. Pasadena FL. 33707	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Coxon	
STREET ADDRESS	1328 Pasadena Ave # 3301	
CITY-ST-ZIP	S. Pasadena FL. 33707	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Ferrari	
STREET ADDRESS	1320 Pasadena Ave #2603	
CITY-ST-ZIP	S. Pasadena FL. 33707	

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: *[Signature]* **REPEATED VP - 3-13-01** 727-343-0928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)