

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90664 027 \*\*\*\*61.25

0049320

**DOCUMENT # 765937**

1. Entity Name  
**PASADENA COVE OWNERS' ASSOCIATION, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>1320 PASADENA AVE S.<br/>         S. PASADENA FL 33713<br/>         US</b> | Mailing Address<br><b>CONDOMINIUM ASSOCIATES<br/>         3001 EXECUTIVE DR #260<br/>         CLEARWATER FL 33762<br/>         US</b> |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip   | Country                                   |



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2299602</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |  |

6. Name and Address of Current Registered Agent

**CONDOMINIUM ASSOCIATES  
 3001 EXECUTIVE DR  
 STE 260  
 CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                 |   |  |
|---------------------------------|---|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|---------------------------------|---|--|

10. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>JEFFORDS, RUTH</b>                    |
| STREET ADDRESS | <b>1316 PASADENA AVE #5208</b>           |
| CITY-ST-ZIP    | <b>S PASADENA FL 33707</b>               |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>KALKBRENNE, FREDERICK</b>             |
| STREET ADDRESS | <b>1328 PASADENA AVE #3102</b>           |
| CITY-ST-ZIP    | <b>S PASADENA FL 33707</b>               |
| TITLE          | <b>P</b> <input type="checkbox"/> Delete |
| NAME           | <b>KALKBRENNER, MYRNA</b>                |
| STREET ADDRESS | <b>1328 PASADENA AVE #3402</b>           |
| CITY-ST-ZIP    | <b>S PASADENA FL 33707</b>               |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>ANDERSON, BOB</b>                     |
| STREET ADDRESS | <b>1304 PASADENA AVE VILLA #9</b>        |
| CITY-ST-ZIP    | <b>S PASADENA FL 33707</b>               |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>COXON, DOUG</b>                       |
| STREET ADDRESS | <b>1320 PASADENA AVE #3301</b>           |
| CITY-ST-ZIP    | <b>S PASADENA FL 33707</b>               |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>FERRARI, ANDY</b>                     |
| STREET ADDRESS | <b>1320 PASADENA AVE #2603</b>           |
| CITY-ST-ZIP    | <b>S PASADENA FL 33707</b>               |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME           | <b>P KEITH RIDDLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>1332 PASADENA AVE #4607</b>   |
| CITY-ST-ZIP    | <b>4607</b>  |
| TITLE          | <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME           | <b>BOB JONES</b>   |
| STREET ADDRESS | <b>1328 PASADENA AVE #3606</b>   |
| CITY-ST-ZIP    | <b>3606</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME           | <b>S SARA WILSON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| STREET ADDRESS | <b>1320 PASADENA AVE #2604</b>   |
| CITY-ST-ZIP    | <b>2604</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME           |  |
| STREET ADDRESS |  |
| 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: SIGNATURE REQUIRED 3/27/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)