


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90036 045 \*\*\*\*61.25

**DOCUMENT # 765937**  
1. Entity Name  
**PASADENA COVE OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
1320 PASADENA AVE S.  
S. PASADENA FL 33713  
US

Mailing Address  
CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR #260  
CLEARWATER FL 33762  
US

34040330



MOORE CR2E037 (11/03)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

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**  
  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	HUNTER, SUE	
STREET ADDRESS	1304 PASADENA AVE #8	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	RIDDLE, KEITH	
STREET ADDRESS	1332 PASADENA AVE 4607	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	JONES, BOB	
STREET ADDRESS	1328 PASADENA AVE 3606	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	ELSON, BARB	
STREET ADDRESS	1304 PASADENA AVE #10	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	WILSON, JAYNE	
STREET ADDRESS	1320 PASADENA AVE 2604	
CITY-ST-ZIP	S PASADENA FL 33707	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	FERRARI, ANDY	
STREET ADDRESS	1320 PASADENA AVE #2603	
CITY-ST-ZIP	S PASADENA FL 33707	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECELLA, JOYCE	
STREET ADDRESS	1328 PASADENA AVE, #406	
CITY-ST-ZIP	S. PASADENA, FL 33707	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IUELSON, JAMES	
STREET ADDRESS	1324 PASADENA AVE, #102	
CITY-ST-ZIP	S. PASADENA FL 33707	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAPLANTE, LINDA	
STREET ADDRESS	1332 PASADENA AVE, #406	
CITY-ST-ZIP	S. PASADENA FL 33707	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSONS, CHARLES	
STREET ADDRESS	1322 PASADENA AVE, # 308	
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:** James H. Iuelson **3/12/04** **727-345-3677**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #