


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90159 041 ****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

20055060



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2299602		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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. 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)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUNTER, SUE			NAME	William Stiner		
STREET ADDRESS	1304 PASADENA AVE #8			STREET ADDRESS	1328 Pasadena Ave S. #601		
CITY-ST-ZIP	S PASADENA, FL 33707			CITY-ST-ZIP	S. Pasadena FL 33707		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BECELLA, JOYCE			NAME	Michael Snider		
STREET ADDRESS	1328 PASADENA AVE., #406			STREET ADDRESS	1328 Pasadena Ave S. #506		
CITY-ST-ZIP	S. PASADENA, FL 33707			CITY-ST-ZIP	S. Pasadena, FL 33707		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	IVERSON, JAMIREZ			NAME	George Scribano		
STREET ADDRESS	1324 PASADENA AVE., #102			STREET ADDRESS	1328 Pasadena Ave S. #508		
CITY-ST-ZIP	S PASADENA, FL 33707			CITY-ST-ZIP	S. Pasadena, FL 33707		
TITLE	T	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ELSON, BARB			NAME	Kathy Tesone		
STREET ADDRESS	1304 PASADENA AVE., #10			STREET ADDRESS	1320 Pasadena Ave S. #208		
CITY-ST-ZIP	S PASADENA, FL 33707			CITY-ST-ZIP	S. Pasadena, FL 33707		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAPLANT LINDA			NAME	Charlie Johnson		
STREET ADDRESS	1332 PASADENA AVE., #406			STREET ADDRESS	1364 Pasadena Ave S. Villa 4		
CITY-ST-ZIP	S PASADENA, FL 33707			CITY-ST-ZIP	S. Pasadena, FL 33707		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARSON, CHARLES			NAME			
STREET ADDRESS	1332 PASADENA AVE., #308			STREET ADDRESS			
CITY-ST-ZIP	S PASADENA, FL 33707			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 William Stiner 4/26/05 727-563-9758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #