


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90297 024 \*\*\*\*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

DATE 4/3 <sup>4/13/06</sup>  
 INITIAL KK 60026103

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

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

City & State

Zip Country Zip Country

01312006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 59-2299602 Applied For  
 Not Applicable

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)

**Filing Fee is \$61.25 Due by May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STINER, WILLIAM 13 1328 PASADENA AVE S. #601 S. PASADENA, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Charles Anderson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1328 Pasadena Ave S. #308 S. Pasadena, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNIDER, MICHAEL <input type="checkbox"/> Delete 1328 PASADENA AVE S. 506 S. PASADENA, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCRIBANO, GEORGE <input checked="" type="checkbox"/> Delete 1328 PASADENA AVE S. # 508 S. PASADENA, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S- Charles Johnson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1304 Pasadena Ave S. #4 S. Pasadena, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELSON, BARB <input type="checkbox"/> Delete 1304 PASADENA AVE., #10 S PASADENA, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPLANT, LINDA <input checked="" type="checkbox"/> Delete 1332 PASADENA AVE., #406 S PASADENA, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Sue Hunter <input type="checkbox"/> Change <input type="checkbox"/> Addition 1308 Pasadena Ave S. # 8 S Pasadena, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESONE, KATHY <input checked="" type="checkbox"/> Delete 1328 PASADENA AVE S. 208 S. PASADENA, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Sue Gilman <input type="checkbox"/> Change <input type="checkbox"/> Addition 1320 Pasadena Ave S. #407 S. Pasadena, FL 33707

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **3-21-2006** **644-5615**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #