

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F40717 (3)**  
1. Corporation Name

**PASADENA YACHT AND COUNTRY CLUB, INC.**



Principal Place of Business: **6300 PASADENA POINT BLVD. ATTN: ACCOUNTING OFFICE GULFPORT FL 33707**  
Mailing Address: **6300 PASADENA POINT BLVD. ATTN: ACCOUNTING OFFICE GULFPORT FL 33707**

3. Date Incorporated or Qualified: **08/18/1981**  
3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2118019**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85):  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | DP                  | <input type="checkbox"/> DELETE |
| NAME            | FERRARA, A E J      |                                 |
| STREET ADDRESS  | 600 GRANT ST        |                                 |
| CITY - ST - ZIP | PITTSBURGH, PA 0    |                                 |
| TITLE           | DV                  | <input type="checkbox"/> DELETE |
| NAME            | HOWARD, T G         |                                 |
| STREET ADDRESS  | 6200 EJ OLIVER BLVD |                                 |
| CITY - ST - ZIP | FAIRFIELD AL        |                                 |
| TITLE           | DC                  | <input type="checkbox"/> DELETE |
| NAME            | PIFFNER, H. J.      |                                 |
| STREET ADDRESS  | 600 GRANT ST        |                                 |
| CITY - ST - ZIP | PITTSBURGH PA       |                                 |
| TITLE           | DT                  | <input type="checkbox"/> DELETE |
| NAME            | STRUEBING, S K      |                                 |
| STREET ADDRESS  | 600 GRANT STREET    |                                 |
| CITY - ST - ZIP | PITTSBURGH PA       |                                 |
| TITLE           | DS                  | <input type="checkbox"/> DELETE |
| NAME            | BYERLY, J A         |                                 |
| STREET ADDRESS  | 600 GRANT ST        |                                 |
| CITY - ST - ZIP | PITTSBURGH, PA 0    |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | DS   |
| 5.3 STREET ADDRESS  | STANTON, R M   |
| 5.4 CITY - ST - ZIP | 600 GRANT STREET<br>PITTSBURGH, PA 15219                                     |
| 6.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            | DV   |
| 6.3 STREET ADDRESS  | DUNN, J G  |
| 6.4 CITY - ST - ZIP | 6000 GULFPORT BLVD SOUTH<br>GULFPORT, FL 33707                               |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. J. Piffner H. J. Piffner 1/19/96 412/433-7365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)