

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90001 049 ***550.00

DOCUMENT # F40717

1. Entity 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**

54065452



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2118019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL REGISTERED AGENTS, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September-8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
~~MOLLER, P.~~
STREET ADDRESS **600 GRANT STREET**
CITY-ST-ZIP **PITTSBURG, PA 15219**

TITLE ☐ Change ☐ Addition
NAME **M. Stipanovich**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DP**
~~STRUEBING, S.K.~~
STREET ADDRESS **600 GRANT STREET**
CITY-ST-ZIP **PITTSBURGH, PA 15219**

TITLE ☒ Change ☐ Addition
NAME **G. F. Hurley**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DVP**
DUNN, J.G.
STREET ADDRESS **600 GRANT STREET**
CITY-ST-ZIP **PITTSBURGH, PA 15219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DS**
~~PEPPERNEY, K.R.~~
STREET ADDRESS **600 GRANT ST**
CITY-ST-ZIP **PITTSBURG, PA 15219**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
C. D. Mallick
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **C**
~~MONALLY, W.P.~~
STREET ADDRESS **600 GRANT ST**
CITY-ST-ZIP **PITTSBURGH, PA 15219**

TITLE ☒ Change ☐ Addition
NAME **K. G. Langfitt**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
SCHMIDT, G.P.
STREET ADDRESS **600 GRANT ST**
CITY-ST-ZIP **PITTSBURGH, PA 15219**

TITLE ☐ Change ☐ 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 607, 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:

C. D. Mallick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/04

Date

412-433-2882

Daytime Phone #