

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90069 043 \*\*\*\*70.00

**DOCUMENT # N00000000457**

1. Entity Name

PASADENA PINES SUBDIVISION HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business

13924 7TH ST.  
DADE CITY FL 33525

Mailing Address

13924 7TH ST.  
DADE CITY FL 33525

00017338

2. Principal Place of Business

36124 Pine Bluff Lp

3. Mailing Address

36124 Pine Bluff Lp

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)



City & State

Dade City, Florida

City & State

Dade City, Florida

4. FEI Number

52-2376323

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33525

Country

USA

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, THOMAS E  
13924 7TH ST.  
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

Lori McKelvey

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

36124 Pine Bluff Lp

City

Dade City

FL

Zip Code

33525

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

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

(NOTE: Registered Agent signature required when reinstating)

Lori McKelvey

DATE

2/10/05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 D ☒ Delete  
NAME ALLISON, BARBARA A  
STREET ADDRESS P.O. BOX 796  
CITY-ST-ZIP DADE CITY FL 33526

TITLE D ☐ Delete  
NAME ROBERTS, KEVIN T  
STREET ADDRESS 37419 CHURCH AVE.  
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☐ Delete  
NAME SMITH, THOMAS E  
STREET ADDRESS 11825 JUSTAMERE LANE  
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE O ☐ Change ☒ Addition  
NAME Lori McKelvey  
STREET ADDRESS 36124 Pine Bluff Lp  
CITY-ST-ZIP Dade City, FL 33525

TITLE O ☐ Change ☒ Addition  
NAME Rick Springer  
STREET ADDRESS 36131 Pine Bluff Lp  
CITY-ST-ZIP Dade City, FL 33525

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori McKelvey 2/10/05 33525670183

Date

Daytime Phone #