
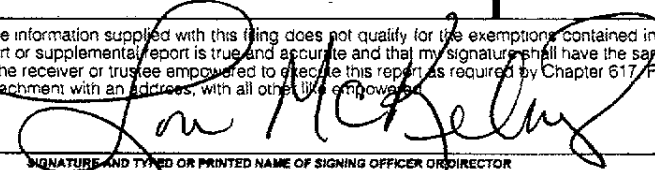


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000000457</b>		
1. Entity Name <b>PASADENA PINES SUBDIVISION HOMEOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>36124 PINE BLUFF LP DADE CITY, FL 33525</b>	Mailing Address <b>36124 PINE BLUFF LP DADE CITY, FL 33525</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MCKELVEY, LORI 36124 PINE BLUFF LP DADE CITY, FL 33525</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing.)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	O MCKELVEY, LORI 36124 PINE BLUFF LP DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D ROBERTS, KEVIN T 37419 CHURCH AVE. DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D SMITH, THOMAS E 11825 JUSTAMERE LANE DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	O SPRINGER, RICK 36131 PINE BLUFF LP DADE CITY, FL 33525	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
TITLE NAME STREET ADDRESS CITY, ST, ZIP		
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: 		<b>1-5-06 352-567-0183</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>52-2376323</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

000000380275  
01/11/06-80007-015 70.00

**DO NOT WRITE  
IN THIS SPACE**