


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90571 015 \*\*\*\*61.25

<b>DOCUMENT # N04000009082</b>					
1. Entity Name <b>PASADENA CAPE VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>8341 40TH PLACE NORTH ST PETERSBURG, FL 33709</b>			Mailing Address <b>8341 40TH PLACE NORTH ST PETERSBURG, FL 33709</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>D &amp; B CORPORATE SERVICES, INC. 5999 CENTRAL AVE STE 202 ST PETERSBURG, FL 33710</b>			Name ...		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<i>President - Director</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>James E. Dillard</i>		NAME		
STREET ADDRESS	<i>8341 40th Place N.</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>St Petersburg, FL 33709</i>		CITY-ST-ZIP		
TITLE	<i>Secretary - Director</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Siva Kantanneni</i>		NAME		
STREET ADDRESS	<i>9423 Sago Pt. Drive</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Largo, FL 33777</i>		CITY-ST-ZIP		
TITLE	<i>Director</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Thomas Ellis</i>		NAME		
STREET ADDRESS	<i>212 Pasadena Ave S.</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>St Petersburg, FL 33707</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 employees.					
SIGNATURE: <i>James E. Dillard</i>		Date: <i>4/15/05</i>		Daytime Phone #: <i>727-347-1214</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					