

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # N25112 (6)
1. Corporation Name
PASADENA ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
20351 NW 3 STREET 20351 NW 3 STREET
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029
US US

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date incorporated or Qualified 03/01/1988 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 65-0100365 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | FILING FEE IS \$61.25 |
| 8. This corporation has waiting for a change in tax under s. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 30 |

| | |
|------------------------------------------------------------------|-------------------------------------------------------|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| COEPPICUS, GERRY 20351 NW 3 STREET PEMBROKE PINES FL 33029 | B1 Name |
| | B2 Street Address (P.O. Box Number is Not Acceptable) |
| | B3 |
| | B4 City FL B5 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (bold or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when remaining

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE | PD | 11 TITLE | PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COEPPICUS, GERRY | 12 NAME | |
| STREET ADDRESS | 20351 NW 3 STREET | 13 STREET ADDRESS | |
| CITY - ST - ZIP | PEMBROKE PINES FL | 14 CITY - ST - ZIP | |
| TITLE | VTD | 21 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEVENSON, JOHN | 22 NAME | COEPPICUS, GABRIELA |
| STREET ADDRESS | 431 NW 203 AVENUE | 23 STREET ADDRESS | 20351 N.W. 3 ST. |
| CITY - ST - ZIP | PEMBROKE PINES FL | 24 CITY - ST - ZIP | PEMBROKE PINES, FL. |
| TITLE | SVD | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOK, FORD | 32 NAME | |
| STREET ADDRESS | 420 NW 202 WAY | 33 STREET ADDRESS | |
| CITY - ST - ZIP | PEMBROKE PINES FL | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerry Coeppicus **GERRY COEPPICUS** 6/10/95 305 430-9460
(Type Name)

CR2E037 (3/95)