

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25112

FILED
Jan 08, 2009
Secretary of State

Entity Name: PASADENA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

711 NW 204 AVE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 297183
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0100365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, TODD C
711 NW 204 AVE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSON, TODD
Address: 711 NW 204 AVE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP () Delete
Name: SUMBY, LISA
Address: 20360 NW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: FLEITES, SANDY
Address: 20251 NW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: SUTTER, CHRISTINA
Address: 20380 NW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD COLEMAN NELSON

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date