

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25112

FILED  
Mar 29, 2010  
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  
Name: NELSON, TODD  
Address: 711 NW 204 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP  
Name: BROWN, ERNESTINE R  
Address: 20381 NW 2ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T  
Name: SMITH, ANGIE  
Address: 20350 NW 2ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T  
Name: SHROUDER, PAM  
Address: 20341 NW 2ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S  
Name: MONROE, PATRICIA  
Address: 320 NW 204 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: TODD COLEMAN NELSON

PRES

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date