

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N30511

1. Entity Name
SOUTH PASADENA COMMUNITY BAND, INC.



Principal Place of Business
7047 SUNSET DRIVES
SOUTH PASADENA, FL 33707

Mailing Address
7047 SUNSET DRIVES
SOUTH PASADENA, FL 33707



03312008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2937738

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOLL, RONALD C
2706 SKIMMER POINT WAY SOUTH
GULF PORT, FL 33707

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IN THIS SPACE**

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

R.M. BIRKETT for Ronald Stoll

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STOLL, RONALD C
STREET ADDRESS	2706 SKIMMER POINT WAY S
CITY- ST- ZIP	GULFPORT, FL 33707
TITLE	V
NAME	ELLIS, LYNNE
STREET ADDRESS	5954 SKIMMER POINT BLVD. S.
CITY- ST- ZIP	GULFPORT, FL 33707
TITLE	S
NAME	BRUGMAN, DON
STREET ADDRESS	5885 OAKHURST DRIVE
CITY- ST- ZIP	SEMINOLE, FL 33772
TITLE	T
NAME	BIRKETT, RON
STREET ADDRESS	9119 JAKES PATH
CITY- ST- ZIP	LARGO, FL 33771
TITLE	D
NAME	STANISAVLJEVICH, PENNY
STREET ADDRESS	7955 GARDEN DRIVE N.
CITY- ST- ZIP	ST. PETERSBURG, FL 33710
TITLE	D
NAME	TATRO, JULIE
STREET ADDRESS	5117 SALMON DRIVE SE
CITY- ST- ZIP	SAINT PETERSBURG, FL 33705

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05/30/08-80022-008 61.25

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IN THIS SPACE**

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:

R.M. BIRKETT, TREASURER 727-584-1391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #