


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N33625 (7)  
1. Corporation Name  
PASS-A-GRILLE COMMUNITY ASSOCIATION, INC.



Principal Place of Business: 609 GULF WAY, ST. PETE BEACH FL 33706, US  
Mailing Address: P.O. BOX 46422, PASS A GRILLE FL 33741-6422, US

3. Date Incorporated or Qualified: 08/09/1989  
3a. Date of Last Report: 02/02/1996

|                                |                        |  |                                |
|--------------------------------|------------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number  | Applied For                    |
| 21 105 30TH AVENUE             | 26                     | 59-1732051   | Not Applicable                 |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 22                             | 27                     | <input checked="" type="checkbox"/>                    |                                |
| 23 City & State                | 28 City & State        | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 23 ST PETE Bch FL              | 28                     | <input type="checkbox"/>                               |                                |
| 24 Zip                         | 25 Country             | 29 Zip   | 30 Country                     |
| 24 33706                       | 25 PINELLAS            | 29   | 30                             |

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent           | 10. Name and Address of New Registered Agent   |
| SULTE ROBERT P<br>609 GULF WAY<br>ST. PETE BEACH FL 33706 | 81 Name: ROOS, PETER<br>82 Street Address (P.O. Box Number is Not Acceptable): 105 30TH AVENUE<br>83<br>84 City: ST PETE Bch FL 85 Zip Code: 33706 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: [Signature] DATE: 4/9/97

| 12. OFFICERS AND DIRECTORS            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---------------------------------------|--|---|--|
| TITLE: PD                             | NAME: SULTE, ROBERT P                      | 1.1 TITLE: PD   | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 609 GULF WAY          | CITY-ST-ZIP: ST. PETE BEACH FL             | 1.2 NAME: ROOS, PETER                                 |  |
|                                       | <input checked="" type="checkbox"/> DELETE | 1.3 STREET ADDRESS: 105 30TH AVENUE                   |  |
| TITLE: VD                             | NAME: ROOS, PETER                          | 1.4 CITY-ST-ZIP: ST PETE Bch FL 33706                 | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS: 105 30TH AVENUE       | CITY-ST-ZIP: ST. PETE BEACH FL             | 2.1 TITLE: VD   |  |
|                                       | <input checked="" type="checkbox"/> DELETE | 2.2 NAME: KREIDER, DONALD                             |  |
| TITLE: TD                             | NAME: MICHAEL, ANN                         | 2.3 STREET ADDRESS: 3006 PASS-A-GRILLE WAY            |  |
| STREET ADDRESS: 113 4TH AVE.          | CITY-ST-ZIP: ST. PETE BEACH FL             | 2.4 CITY-ST-ZIP: ST PETE Bch FL 33706                 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
|                                       | <input type="checkbox"/> DELETE            | 3.1 TITLE:  |  |
| TITLE: SD                             | NAME: FISHER, JAMES                        | 3.2 NAME:   |  |
| STREET ADDRESS: 104 3RD AVE.          | CITY-ST-ZIP: ST. PETE BEACH FL             | 3.3 STREET ADDRESS:                                   |  |
|                                       | <input checked="" type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP: 33706                                | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE: SD                             | NAME: ADAIR, HAZEL                         | 4.1 TITLE: SD   |  |
| STREET ADDRESS: 206 PASS-A-GRILLE WAY | CITY-ST-ZIP: ST. PETE BEACH FL             | 4.2 NAME: RUBIN LAURIE                                |  |
|                                       | <input type="checkbox"/> DELETE            | 4.3 STREET ADDRESS: 309 GULF WAY                      |  |
| TITLE:                                | NAME:                                      | 4.4 CITY-ST-ZIP: ST PETE Bch FL 33706                 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| STREET ADDRESS:                       | CITY-ST-ZIP:                               | 5.1 TITLE:  |  |
|                                       | <input type="checkbox"/> DELETE            | 5.2 NAME:   |  |
| TITLE:                                | NAME:                                      | 5.3 STREET ADDRESS:                                   |  |
| STREET ADDRESS:                       | CITY-ST-ZIP:                               | 5.4 CITY-ST-ZIP: 33706                                | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
|                                       | <input type="checkbox"/> DELETE            | 6.1 TITLE:  |  |
| TITLE:                                | NAME:                                      | 6.2 NAME:   |  |
| STREET ADDRESS:                       | CITY-ST-ZIP:                               | 6.3 STREET ADDRESS:                                   |  |
|                                       | <input type="checkbox"/> DELETE            | 6.4 CITY-ST-ZIP:                                      |  |

14. I do 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 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: [Signature] DATE: 3/28/97 (813) 360-8544

CR2E037 (9/96)