

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33625 (7)
1. Corporation Name
PASS-A-GRILLE COMMUNITY ASSOCIATION, INC.



Principal Place of Business 105 30TH AVE ST. PETE BEACH FL 33706 US	Mailing Address P.O. BOX 46422 PASS A GRILLE FL 33741 US
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3. Date Incorporated or Qualified
08/09/1989

4. FEI Number 59-1732051	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 3006 PASS-A-GRILLE WAY Suite, Apt. #, etc	2a. Mailing Address 26
22 ST PETE BEACH FL City & State	27
23 33706 US Zip Country	28
24	29
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**ROOS, PETER
105 30TH AVE
ST. PETE BEACH FL 33706**

10. Name and Address of New Registered Agent

81 Name KREIDER, LOLLY
82 Street Address (P.O. Box Number is Not Acceptable) 3006 PASS-A-GRILLE WAY
83 ST PETE BEACH
84 City
85 Zip Code FL 33706

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 *Lolly Kreider* *L.A. Kreider* **2.9.98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIDER, DONALD	1.2 NAME	KREIDER, LOLLY
STREET ADDRESS	3006 PASS-A-GRILLE WAY	1.3 STREET ADDRESS	3006 PASS-A-GRILLE WAY
CITY-ST-ZIP	ST. PETE BEACH FL	1.4 CITY-ST-ZIP	ST PETE BEACH FL 33706
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOS, PETER	2.2 NAME	CAKARNIS, BARBARA
STREET ADDRESS	105 30TH AVE	2.3 STREET ADDRESS	105 12TH AV
CITY-ST-ZIP	ST. PETE BEACH FL	2.4 CITY-ST-ZIP	ST PETE BEACH FL 33706
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL, ANN	3.2 NAME	
STREET ADDRESS	113 4TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL	3.4 CITY-ST-ZIP	33706
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, LAURIE	4.2 NAME	PERRY, BETTY
STREET ADDRESS	309 GULF WAY	4.3 STREET ADDRESS	2200 PASS-A-GRILLE WAY
CITY-ST-ZIP	ST. PETE BEACH FL	4.4 CITY-ST-ZIP	ST PETE BEACH FL 33706
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAIR, HAZEL	5.2 NAME	
STREET ADDRESS	206 PASS-A-GRILLE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL	5.4 CITY-ST-ZIP	33706
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Ann Michael* **ANN MICHAEL** **2/11/98** **(813) 360-8564**

CP2E037 (10/97)