

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33625

1. Entity Name

PASS-A-GRILLE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

1500 PASS-A-GRILLE WAY  
ST. PETE BEACH FL 33706  
US

Mailing Address

P.O. BOX 46422  
PASS A GRILLE FL 33741  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1732051

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAKARNIS, BARBARA  
105 12TH AVE  
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name

WYCOFF, DICK

Street Address (P.O. Box Number is Not Acceptable)

2806 PASS-A-GRILLE WAY

ST PETE BEACH

City

FL

Zip Code

33706

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.

SIGNATURE DICK WYCOFF PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CAKARNIS, BARBARA ☒ Delete  
STREET ADDRESS 105 12TH AVE  
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE VD  
NAME WYCOFF, DICK ☒ Delete  
STREET ADDRESS 2806 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE TD  
NAME MICHAEL, ANN ☐ Delete  
STREET ADDRESS 113 4TH AVE.  
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE SD  
NAME PERRY, BETTY ☒ Delete  
STREET ADDRESS 2200 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE SD  
NAME PHILLIPS, MARGARET ☐ Delete  
STREET ADDRESS 403 GULF WAY #403  
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME WYCOFF, DICK  
STREET ADDRESS 2806 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST PETE BEACH FL 33706

TITLE VD ☒ Change ☐ Addition  
NAME RHODES, SANDRA  
STREET ADDRESS 400 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST PETE BEACH FL 33706

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition  
NAME TORRES, JOYA  
STREET ADDRESS 2106 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST PETE BEACH FL 33706

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: Ann Michael Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

(727) 360-8564

Daytime Phone #

0080217

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE