

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90005 021 \*\*\*\*\*70.00

**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

WYCOFF, DICK  
2806 PASS-A-GRILLE WAY  
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name

RHODES, SANDRA

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

400 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sandra A. Rhodes*

*Sandra A. Rhodes*

2/4/04

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE VD  
NAME RHODES, SANDRA ☒ Delete  
STREET ADDRESS 400 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 TORRES, JOYA ☐ Delete  
STREET ADDRESS 2106 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST PETERSBURG 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 RHODES, SANDRA  
STREET ADDRESS 400 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST PETE BEACH FL 33706

TITLE VD ☐ Change ☒ Addition  
NAME CAKARNIS, BARBARA  
STREET ADDRESS 105 12TH AV  
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

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* ANN MICHAEL

1/26/04

(727) 360-8564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #