


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 05, 2005 08:00 AM
Secretary of State**

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**

DO NOT WRITE IN THIS SPACE



06282005 No Chg-NP CR2E037 (10/03)

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
**RHODES, SANDRA
400 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CAKARNIS, BARBARA
STREET ADDRESS	105 12TH AVE
CITY-ST-ZIP	ST PETERSBURG BEACH, FL 33706
TITLE	PD
NAME	RHODES, SANDRA
STREET ADDRESS	400 PASS-A-GRILLE WAY
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	TD
NAME	MICHAEL, ANN
STREET ADDRESS	113 4TH AVE.
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	SD
NAME	TORRES, JOYA
STREET ADDRESS	2106 PASS-A-GRILLE WAY
CITY-ST-ZIP	ST PETERSBURG BEACH, FL 33706
TITLE	SD
NAME	PHILLIPS, MARGARET
STREET ADDRESS	403 GULF WAY #403
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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07/05/05-80017-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 6/28/05 (737)360-8564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #