

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

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**

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



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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CAKARNIS, BARBARA
105 12TH AVE
ST PETERSBURG BEACH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RHODES, SANDRA
400 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TORRES, JOYA
2106 PASS-A-GRILLE WAY
ST PETERSBURG BEACH, FL 33706**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000370437
07/05/05-80017-008 70.00

**DO NOT WRITE
IN THIS SPACE**

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 #