
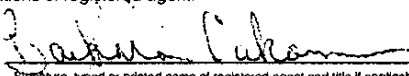



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90003 016 \*\*\*\*70.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # N33625</b><br>1. Entity Name<br><b>PASS-A-GRILLE COMMUNITY ASSOCIATION, INC.</b>   |  |  |  |    |  |
| Principal Place of Business<br><b>1500 PASS-A-GRILLE WAY</b><br><b>ST. PETE BEACH, FL 33706</b> <b>US</b>  |  |  | Mailing Address<br><b>P.O. BOX 46422</b><br><b>PASS A GRILLE, FL 33741</b> <b>US</b> |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RHODES, SANDRA</b><br><b>400 PASS-A-GRILLE WAY</b><br><b>ST. PETE BEACH, FL 33706</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>CAKARNIS BARBARA</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>105 12TH AVE</b><br><b>ST PETE BEACH</b><br>City <b>FL</b> Zip Code <b>33706</b> |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |  |  | DATE <b>2/8/06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| Make check payable to <b>Florida Department of State</b>   |  |  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD</b><br><b>CAKARNIS, BARBARA</b><br><b>105 12TH AVE</b><br><b>ST PETERSBURG BEACH, FL 33706</b> <input type="checkbox"/> Delete                 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <b>PD</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>ST PETE BEACH</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD</b><br><b>RHODES, SANDRA</b><br><b>400 PASS-A-GRILLE WAY</b><br><b>ST. PETE BEACH, FL 33706</b> <input checked="" type="checkbox"/> Delete     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <b>VD</b><br><b>MOORE, SHARON</b><br><b>2401 SUNSET WAY</b><br><b>ST PETE BEACH FL 33706</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD</b><br><b>MICHAEL, ANN</b><br><b>113 4TH AVE.</b><br><b>ST. PETE BEACH, FL 33706</b> <input type="checkbox"/> Delete                           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD</b><br><b>TORRES, JOYA</b><br><b>2106 PASS-A-GRILLE WAY</b><br><b>ST PETERSBURG BEACH, FL 33706</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <b>SD</b><br><b>LUEHRING KATHY</b><br><b>2327 SUNSET WAY</b><br><b>ST PETE BEACH FL 33706</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD</b><br><b>PHILLIPS, MARGARET</b><br><b>403 GULF WAY #403</b><br><b>ST. PETE BEACH, FL 33706</b> <input type="checkbox"/> Delete                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |  |  |   |  |
| <b>SIGNATURE:  ANN MICHAEL</b> <b>2/8/06</b> <b>(727) 360-8564</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>  |  |  |  |   |  |

**60015285**



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-1732051** Applied For ☐ Not Applicable ☐

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