


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90011 040 ****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

40015333



01042007 No Chg-NP CR2E037 (4/06)

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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

GAKARNIS, BARBARA 105 12TH AVE SAINT PETERSBURG, FL 33706	/	SHARON MOORE 2401 SUNSET WAY ST. PETE BEACH FL 33706
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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: Sharon Moore **SHARON MOORE PRES** DATE 1/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GAKARNIS, BARBARA SHARON MOORE
STREET ADDRESS	105 12TH AVE 2401 SUNSET WAY
CITY-ST-ZIP	ST PETE BEACH, FL 33706
TITLE	VD
NAME	MOORE, SHARON BEV GARNETT
STREET ADDRESS	2401 SUNSET 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	LUEHRING, KATHY CONNIE DUBOIS
STREET ADDRESS	2927 SUNSET WAY 2504 PASS-A-GRILLE WAY
CITY-ST-ZIP	ST PETE 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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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.

SIGNATURE: Ann Michael **ANN MICHAEL TREAS** DATE 1/9/07 DAYTIME PHONE # (727) 360-8564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR