

# 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



**DO NOT WRITE IN THIS SPACE**

01042007 No Chg-NP CR2E037 (4/06)

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**

**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 *Sharon Moore*  
Signature, typed or printed name of registered agent and title if applicable.

SHARON MOORE TREAS 1/9/07  
(NOTE: Registered Agent signature required when reinstating) DATE

**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	<del>GAKARNIS, BARBARA</del> <b>SHARON MOORE</b>
STREET ADDRESS	<del>105 12TH AVE</del> <b>2401 SUNSET WAY</b>
CITY-ST-ZIP	<del>ST PETE BEACH, FL 33706</del>
TITLE	VD
NAME	<del>MOORE, SHARON</del> <b>BEV GARNETT</b>
STREET ADDRESS	<del>2401 SUNSET WAY</del>
CITY-ST-ZIP	<del>ST. PETE BEACH, FL 33706</del>
TITLE	TD
NAME	<b>MICHAEL, ANN</b>
STREET ADDRESS	<b>113 4TH AVE.</b>
CITY-ST-ZIP	<b>ST. PETE BEACH, FL 33706</b>
TITLE	SD
NAME	<del>LUEHRING, KATHY</del> <b>CONNIE DUBOIS</b>
STREET ADDRESS	<del>2927 SUNSET WAY</del> <b>2504 PASS-A-GRILLE WAY</b>
CITY-ST-ZIP	<del>ST PETE BEACH, FL 33706</del>
TITLE	SD
NAME	<b>PHILLIPS, MARGARET</b>
STREET ADDRESS	<b>403 GULF WAY #403</b>
CITY-ST-ZIP	<b>ST. PETE BEACH, FL 33706</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 1/9/07 (727) 360-8564  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #