

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33625

FILED
Apr 17, 2009
Secretary of State

Entity Name: PASS-A-GRILLE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1500 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 46422
PASS A GRILLE, FL 33741 US

New Mailing Address:

FEI Number: 59-1732051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, SHARON
103 24TH AVENUE
SAINT PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, SHARON
Address: 103 24TH AVENUE
City-St-Zip: ST PETE BEACH, FL 33706

Title: VD () Delete
Name: GARNETT, BEV
Address: 2504 SUNSET WAY
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: TD () Delete
Name: MICHAEL, ANN
Address: 113 4TH AVE.
City-St-Zip: ST. PETE BEACH, FL 33706

Title: SD () Delete
Name: DUBOIS, CONNIE
Address: 2504 PASS-A GRILLE WAY
City-St-Zip: ST PETE BEACH, FL 33706

Title: SD () Delete
Name: PHILLIPS, MARGARET
Address: 403 GULF WAY #403
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DUBOIS, CONNIE
Address: 2504 PASS-A-GRILLE WAY
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SULTE, NANCY
Address: 609 GULF WAY
City-St-Zip: ST PETE BEACH, FL 33706

Title: SD (X) Change () Addition
Name: GOTTWALD, JANE
Address: 102 23 RD AVENUE
City-St-Zip: ST. PETE BEACH, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MICHAEL

TD

04/17/2009

Electronic Signature of Signing Officer or Director

Date