

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N42788

1. Entity Name
PASS-A-GRILLE TOWNHOUSES CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
3216 EL CENTRO SOUTH
ST. PETERSBURG, FL 33706-4010

Mailing Address
3216 EL CENTRO SOUTH
ST. PETERSBURG, FL 33706-4010



01082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3134784

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAUCHWAY, MICHAEL
3216C EL CENTRO
ST. PETERSBURG, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RAUCHWAY, MICHAEL
STREET ADDRESS 3216 EL CENTRO SOUTH
CITY-ST-ZIP ST PETERSBURG BEACH, FL

TITLE TD
NAME ESTRIDGE, PAUL E.
STREET ADDRESS 3216 EL CENTRO SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE D
NAME HAMBLIN, STEVEN
STREET ADDRESS 3216 E CENTRO SOUTH
CITY-ST-ZIP ST PETERSBURG BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000181344

01/14/05-80044-019 61.25

**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)(i), 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: Michael Rauchway PD MICHAEL RAUCHWAY, PD 1/8/05 727 360 9233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #