2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N42788

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

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

DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
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, 2008

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

000000778793
01/11/08-80011-020 61.25

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, JR., PAUL E
STREET ADDRESS	3216 EL CENTRO STREET
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
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	

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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: Michael T Rauchway MICHAEL RAUCHWAY 1/4/08 7273609233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #