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Mar 12 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001312 (4)

1. Corporation Name

PASS-A-GRILLE MERCHANTS ASSOCIATION, INCORPORATE  
D



Principal Place of Business

Mailing Address

800 PASS-A-GRILLE WAY  
ST. PETE BEACH FL 33706

800 PASS-A-GRILLE WAY  
ST. PETE BEACH FL 33706

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

59-3495953

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLENBACK, JACQUELINE  
800 PASS-A-GRILLE WAY  
ST. PETE BEACH FL 33706

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME HOLLENBACK, JACQUELINE  
STREET ADDRESS 800 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST. PETE BEACH FL 33706

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV  
NAME ERCIUS, WALTER  
STREET ADDRESS 801 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST. PETE BEACH FL 33706

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DT  
NAME SHOLTY, ALVA  
STREET ADDRESS 801 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST. PETE BEACH FL 33706

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DS  
NAME MCCREARY, TERRI  
STREET ADDRESS 2001 PASS-A-GRILLE WAY  
CITY-ST-ZIP ST. PETE BEACH FL 33706

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Alva Sholty Alva Sholty 3-5-98 811 360 1240

CR2E037 (10/97)