

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90192 023 \*\*\*\*61.25

**DOCUMENT # N97000001312**



1. Entity Name  
**PASS-A-GRILLE MERCHANTS ASSOCIATION,  
INCORPORATED**

Principal Place of Business  
**800 PASS-A-GRILLE WAY  
ST. PETE BEACH, FL 33706**

Mailing Address  
**P.O BOX 46424  
PASS-A-GRILLE, FL 33741-6424**

**DO NOT WRITE IN THIS SPACE**

40002561



01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3495953**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HOLEHOUSE, RONALD  
113 12TH AVE  
ST. PETE BEACH, FL 33706**

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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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HOLEHOUSE, RONALD  
113 124TH AVE  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
WESSON, SUZANNE  
104 8TH AVE.  
ST. PETE BEACH, FL 33706**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MATTHES, PEGGY  
11 8TH AVE  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

Alva Sholty Jan 8 2007