2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N97000001312

Entity Name: PASS-A-GRILLE MERCHANTS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

P.O BOX 46424
PASS-A-GRILLE, FL 337416424

New Mailing Address:

FEI Number: 59-3495953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLEHOUSE, RONALD
113 12TH AVE
ST. PETE BEACH, 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: DP ( ) Delete
Name: HOLEHOUSE, RONALD
Address: 113 124TH AVE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: DV ( ) Delete
Name: WESSON, SUZANNE
Address: 104 8TH AVE.
City-St-Zip: ST. PETE BEACH, FL 33706

Title: DT ( ) Delete
Name: SHOLTY, ALVA
Address: 801 PASS-A-GRILLE WAY
City-St-Zip: ST. PETE BEACH, FL 33706

Title: S ( ) Delete
Name: MATTHES, PEGGY
Address: 11 8TH AVE
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALVA SHOLTY TREA 01/07/2009
Electronic Signature of Signing Officer or Director — Date