

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90037 040 \*\*\*\*61.25

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**DOCUMENT # N97000003002**

1. Corporation Name

**LAKE PASADENA NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business  
6261 3RD AVE N  
ST. PETERSBURG FL 33710  
US

Mailing Address  
6261 3RD AVE N  
ST. PETERSBURG FL 33710  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/23/1997

22 City & State

27 City & State

4. FEI Number  
59-3450545

Applied For  
Not Applicable

23 Zip

Country

28 Zip

Country

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

24

25

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASLER, FRAN  
6448 LAKE SHORE DRIVE NORTH  
ST PETERSBURG FL 33710

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	P	<input checked="" type="checkbox"/> DELETE
NAME	SARKA, JANE	
STREET ADDRESS	6369 LAKESHORE DR N	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, CLEMENT H	
STREET ADDRESS	6261 THIRD AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, ANN	
STREET ADDRESS	6100 FIFTH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CRAIG, JAMES M	
STREET ADDRESS	6200 3RD AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUSH, GARY	
STREET ADDRESS	6390 LAKESHORE DR N	
CITY-ST-ZIP	ST PETE FL 33710	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLS, STEVE	
STREET ADDRESS	6335 LAKESHORE DRIVE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CASLER, FRAN	
1.3 STREET ADDRESS	6448 Lake Shore Drive North	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WHITE, CLEMENT H.	
2.3 STREET ADDRESS	6261 Third Avenue North	
2.4 CITY-ST-ZIP	St Petersburg, FL 33710	
3.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GIBSON, LEWIS	
3.3 STREET ADDRESS	220 - 62nd Street North	
3.4 CITY-ST-ZIP	St Petersburg, FL 33710	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

*Clement H. White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clement H. White, Pres. 2/5/99 727-343-2121

Date

Daytime Phone #

CR2E037 (1/98)