


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003002	
1. Entity 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
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DO NOT WRITE IN THIS SPACE

07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3450545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASLER, FRAN 6448 LAKE SHORE DRIVE NORTH ST PETERSBURG, FL 33710	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-listing) DATE _____

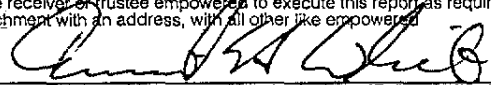
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASLER, FRAN 6448 LAKE SHORE DR N ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITE, CLEMENT H 6261 THIRD AVENUE NORTH ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIPPEN, JANE 6369 LAKE SHR DR N ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDDLE, GRANT 300 THIRD AVENUE NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALL, ROBERT 333 PALM LANE N. ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YANCEY, ROBERTA 5942 BURLINGTON AVE SAINT PETERSBURG, FL 33710

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07/11/05-80001-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:  **7 Jul 05 727/343-2121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Clement H. White, Secretary