

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745667

**Entity Name:** PASADENA PLAZA, INC.**Current Principal Place of Business:**6700 1ST AVE S  
ST PETERSBURG, FL 33707**Current Mailing Address:**C/O LAMONT MANAGEMENT, INC.  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 US**FEI Number:** 59-1989581**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMONT MANAGEMENT  
LAMONT MANAGEMENT  
250 104 AVENUE  
TREASURE ISLAND, FL 33706 US*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:** STEPHANIE HENDRIX

02/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	CRESPO, EDGAR
Address	C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	PRESIDENT
Name	OGLE, DEBRA
Address	C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	SECRETARY
Name	ROSARIO, ALBERTO
Address	C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	VP
Name	GARRITY, TOM
Address	C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	TREASURER
Name	BRAUER, KRISTEN
Address	C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

I hereby 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 all other like empowered.

**SIGNATURE:** DEBRA OGLE

PRESIDENT

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date