2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760013

Entity Name: PASS-AGRILLE BEACH CONDO PHASE I ASSOC. INC.

Current Principal Place of Business:

709 GULF WAY
ST PETE BEACH, FL 33706

Current Mailing Address:

C/O SUNTREE COMMUNITY MANAGEMENT
PO BOX 534
BAY PINES, FL 33744 US

FEI Number: 59-2168010

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COUTURIER, JEFF
9801 BAY PINES BLVD
PO BOX 534
ST PETERSBURG, FL 33708 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: JEFF COUTURIER   04/22/2023

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	PRESIDENT	Title	DIRECTOR
Name	CLEMENT, GORDIE	Name	STURGEON, BRENDA
Address	C/O SUNTREE COMMUNITY MANAGEMENT PO BOX 534	Address	C/O SUNTREE COMMUNITY MANAGEMENT PO BOX 534
City-State-Zip:	BAY PINES FL 33744	City-State-Zip:	BAY PINES FL 33744
Title	TREASURER	Title	VP
Name	RUMORE, ANA	Name	PETERSON, GLORIA
Address	C/O SUNTREE COMMUNITY MANAGEMENT PO BOX 534	Address	C/O SUNTREE COMMUNITY MANAGEMENT PO BOX 534
City-State-Zip:	BAY PINES FL 33744	City-State-Zip:	BAY PINES FL 33744
Title	DIRECTOR	Title	DIRECTOR
Name	LANG, DEBORAH	Name	MIRAU, DEBORAH
Address	C/O SUNTREE COMMUNITY MANAGEMENT PO BOX 534	Address	C/O SUNTREE COMMUNITY MANAGEMENT PO BOX 534
City-State-Zip:	BAY PINES FL 33744	City-State-Zip:	BAY PINES FL 33744

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: GLORIA PETERSON   VP   04/22/2023

Electronic Signature of Signing Officer/Director Detail   Date