

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25112

FILED
Feb 24, 2015
Secretary of State
CC8772449555

Entity Name: PASADENA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN MANAGEMENT GROUP
9050 PINES BOULEVARD SUITE 480
PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O AMERICAN MANAGEMENT GROUP
9050 PINES BOULEVARD SUITE 480
PEMBROKE PINES, FL 33024 US

FEI Number: 65-0100365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C/O SCOTT JAFFEE FOR ALLIANCE CAS
1000 E HALLANDALE BEACH BLVD
SUITE B
HALLANDALE BEACH, FL 33009 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: SCOTT JAFFEE

02/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name COZZATI, CHUCK
Address C/O AMERICAN MANAGEMENT GROUP
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title VP
Name GILSON, KAREN
Address C/O AMERICAN MANAGEMENT GROUP
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY
Name SMITH, ANGIE
Address C/O AMERICAN MANAGEMENT GROUP
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title T
Name SHROUDER, PAM
Address C/O AMERICAN MANAGEMENT GROUP
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

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: CHUCK COZZATI

PRESIDENT

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date