

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25112

**Entity Name:** PASADENA ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**1427976530CC**

**Current Principal Place of Business:**

C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET SUITE 4208  
COOPER CITY, FL 33026

**Current Mailing Address:**

C/O ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET SUITE 208  
COOPER CITY, FL 33026 US

**FEI Number:** 65-0100365

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ATLANTIS MANAGEMENT SERVICES  
ATLANTIS MANAGEMENT SERVICES  
11011 SHERIDAN STREET SUITE 208  
COOPER CITY, FL 33026 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:** JAY JENKINS

02/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SUMBY, LISA  
Address        C/O ATLANTIS MANAGEMENT SERVICES  
                  11011 SHERIDAN STREET SUITE 208  
City-State-Zip: COOPER CITY FL 33026

Title            VICE PRESIDENT  
Name            GILSON, KAREN  
Address        C/O ATLANTIS MANAGEMENT SERVICES  
                  11011 SHERIDAN STREET SUITE 208  
City-State-Zip: COOPER CITY FL 33026

Title            TREASURER  
Name            SHROUDER, PAM  
Address        C/O ATLANTIS MANAGEMENT SERVICES  
                  11011 SHERIDAN STREET SUITE 208  
City-State-Zip: COOPER CITY FL 33026

Title            SECRETARY  
Name            SMITH, ANGIE  
Address        C/O ATLANTIS MANAGEMENT SERVICES  
                  11011 SHERIDAN STREET SUITE 208  
City-State-Zip: COOPER CITY FL 33026

*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:** LISA SUMBY

**PRESIDENT**

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date