2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25112

Entity Name: PASADENA ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 04, 2017
Secretary of State
CC3301487447

Current Principal Place of Business:

C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O ASSOCIATION SPECIALTY GROUP LLC 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:

ALLIANCE CAS, LLC ALLIANCE CAS, LLC 1855 GRIFFIN ROAD SUITE A-407 DANIA BEACH, FL 33004 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: PHILLIPS, EVAN 04/04/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VF

Name COZZATI, CHUCK Name GILSON, KAREN

Address C/O ASSOCIATION SPECIALTY Address C/O ASSOCIATION SPECIALTY

GROUP LLC GROUP LLC

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY Title T

Name SMITH, ANGIE Name SHROUDER, PAM

Address C/O ASSOCIATION SPECIALTY Address C/O ASSOCIATION SPECIALTY

GROUP LLC GROUP LLC

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

VICE PRESIDENT

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.