

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33625

Entity Name: PASS-A-GRILLE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1500 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706

Current Mailing Address:

1500 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706 US

FEI Number: 59-1732051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARK, ROBERT
603 GULF WAY
#3
ST PETE BEACH, 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: ROBERT CLARK

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FORENZA, ART
Address 109 20TH AVENUE
City-State-Zip: ST. PETE BEACH FL 33706

Title TREASURER
Name CLARK, ROBERT
Address 603 GULF WAY
 #3
City-State-Zip: ST. PETE BEACH FL 33706

Title SECRETARY, DIRECTOR
Name LENNON, GRETCHEN
Address 2905 PASS-A-GRILLE WAY
City-State-Zip: ST PETE BEACH FL 33706

Title SD
Name GOTTWALD, JOHN
Address 102 23 RD AVENUE
City-State-Zip: ST. PETE BEACH FL 33706

Title DIRECTOR
Name RHODES, JOE
Address 400 PASS-A-GRILLE WAY
City-State-Zip: ST. PETE BEACH FL 33706

Title VP
Name HOUDE, ROGER
Address 206 PASS-A-GRILLE WAY
City-State-Zip: ST. PETE BEACH FL 33706

Title DIRECTOR
Name MARSHA, ANDERSON
Address 202 PASS-A-GRILLE WAY
City-State-Zip: ST. PETE BEACH FL 33706

Title DIRECTOR
Name ENGELS, CHERYL
Address 601 GULF WAY
City-State-Zip: ST. PETE BEACH FL 33706

Continues on page 2

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: ROBERT CLARK

TREASURER

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SULTE, NANCY
Address 609 GULF WAY
City-State-Zip: ST. PETE BEACH FL 33706

Title DIRECTOR
Name CULLEN, DEBORAH
Address 106 19TH AVENUE
City-State-Zip: ST. PETE BEACH FL 33706

Title RECORDING SECRETARY
Name WALKER, CAROLYN
Address 106 6TH AVE.
City-State-Zip: ST PETE BEACH FL 33706