

**2014 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:** Yes**Name and Address of Current Registered Agent:**MARONE, LISA  
107 5TH AVENUE  
SAINT 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:** LISA MARONE

02/28/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	MARONE, LISA
Address	107 5TH AVENUE
City-State-Zip:	ST PETE BEACH FL 33706

Title	VP
Name	SAVAGE, WENDY
Address	600 PASS-A-GRILLE WAY
City-State-Zip:	ST. PETE BEACH FL 33706

Title	TD
Name	MICHAEL, ANN
Address	113 4TH AVE.
City-State-Zip:	ST. PETE BEACH FL 33706

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

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

Title	D
Name	JACKSON, BEVERLY
Address	2804 PASS-A-GRILLE WAY
City-State-Zip:	ST. PETE BEACH FL 33706

*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:** ANN MICHAEL**TREASURER**

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date