

**2020 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:**RICHARD, EPLING  
105 12TH AVENUE  
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:** RICHARD EPLING

01/22/2020

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            EPLING, RICHARD  
Address        105 12TH AVENUE  
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, JANE  
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

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*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:** RICHARD EPLING**TREASURER**

01/22/2020

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