

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33625

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC0102796390**

**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:**

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

02/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP  
Name WOJTUSIK, RUTHANNE  
Address 1120 PASS-A-GRILLE WAY  
City-State-Zip: ST. PETE BEACH FL 33706

Title TD  
Name MARONE, LISA  
Address 107 5TH AVENUE  
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:** LISA A MARONE

**TREASURER**

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date