

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L18203

**Entity Name:** PASCO LAKES INC.

**Current Principal Place of Business:**

90 FORT WADE ROAD  
SUITE 200  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

90 FORT WADE ROAD  
SUITE 200  
PONTE VEDRA, FL 32081 US

**FEI Number:** 59-3085456

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title: CEO  
Name: BURKE, RICHARD  
Address: 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title: VP- TAX  
Name: CHIZMAR, BOB  
Address: 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title: TREASURER  
Name: CARN, STEVEN R.  
Address: 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title: SECRETARY, DIRECTOR  
Name: SLATTERY, MICHAEL K.  
Address: 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title: DIRECTOR  
Name: SPEGAL, JOHN  
Address: 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BOB CHIZMAR

VP- TAX

04/04/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date