FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **428853** **(6)**

1. Corporation Name

VILLAGE HOMES OF PASCO, INC.

Principal Place of Business	Mailing Address
~~3226 O'HARA DR~~ PO BOX 1119 ELFERS FL 34680-1119 US	~~3226 O'HARA DR~~ PO BOX 1119 ELFERS FL 34680-1119 US

2. Principal Place of Business		2a. Mailing Address	
21	6234 Grand Blvd	26	P.O. Box 1119
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	New Port Richey, FL	28	Elfers, FL
Zip	County	Zip	County
24	34652 25 Pasco	29	34680 30 Pasco

3. Date Incorporated or Qualified	3a. Date of Last Report
06/19/1973	05/01/1995
4. FEI Number	Applied For / Not Applicable
59-1645121	
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

8. Does corporation have liability for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RYAN, MICHAEL J
6606 RUNNELL DR
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	11 TITLE	PS ☑ Change ☐ Addition
NAME	RYAN, MICHAEL J		12 NAME	Ryan Michael J
STREET ADDRESS	5124 MILLER'S BAYOU		13 STREET ADDRESS	6606 Runnel Drive
CITY-ST-ZIP	PT RICHEY FL		14 CITY-ST-ZIP	New Port Richy FL
TITLE	TD	☐ DELETE	21 TITLE	TD ☑ Change ☐ Addition
NAME	RYAN, MICHAEL J		22 NAME	Ryan Michael J
STREET ADDRESS	5124 MILLER'S BAYOU		23 STREET ADDRESS	6606 Runnel Dr
CITY-ST-ZIP	PT RICHEY FL		24 CITY-ST-ZIP	New Port Richy FL
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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**200.00

14. I do hereby certify that the information supplied with this filing is true, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and I have reviewed and that my 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 in Block 12 or Block 13 above, if applicable, or on an attachment with a blank title.

SIGNATURE: _____ 3/21/96 813-372-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Michael J. Ryan — 3-25-96

CR2E034 (12/95)