FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 27 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J75293 (7)

1. Corporation Name
SHALIMAR MOBILE HOMEOWNERS ASSOCIATION OF PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
6529 STONE ROAD PORT RICHEY FL 34668	6529 STONE ROAD PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1987
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

4. FEI Number: 59-2683220 ☐ Applied For ☐ Not Applicable

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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BACHMAN, PAUL
9021 SHAWN AVE
PPORT RICHEY FL 34668

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PINTA, SAM	1.2 NAME	Wm MILLAR	
STREET ADDRESS	9113 ROBERT AVE	1.3 STREET ADDRESS	9112 ROBERTS AVE	
CITY-ST-ZIP	PT RICHEY FL	1.4 CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	WIELAND, LUCILLE	2.2 NAME		
STREET ADDRESS	9033 ROBERT AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PT RICHEY FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	BACHMAN, PAUL	3.2 NAME		
STREET ADDRESS	9021 SHAWN AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SIME, AL	4.2 NAME		
STREET ADDRESS	9032 DANIEL AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HODGDON, FREDERICK	5.2 NAME	SAM PINTA	
STREET ADDRESS	9104 KILEEN AVE	5.3 STREET ADDRESS	9113 ROBERT AVE	
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	YOUNG, FRANK	6.2 NAME		
STREET ADDRESS	6603 OUTER DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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 if changed, or on an attachment with an address.

SIGNATURE: Paul L. Bachman Paul L. BACHMAN 3-21-95 813 846-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #