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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N05651** **(7)**

1. Corporation Name

SOUTH PASCO COUNTY VOITURE 1576, 40/8, INCORPORATED.

Principal Place of Business	Mailing Address
PO BOX 113 NEW PORT RICHEY FL 34656-113 US	PO BOX 113 NEWPORT RICHEY FL 34656-113 US

3. Date Incorporated or Qualified: **10/15/1984**

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERIG JOHN G
7820 SYCAMORE DR
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name: BOBBY BURRIS
82 Street Address (P.O. Box Number is Not Acceptable): # 3225 Matchlock, Dr.
83: Holiday, Fl. 34690
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 2-24-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERIG, JOHN, G 7820 SYCAMORE DR NEW PORT RICHEY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition D HERIG, JOHN 7820 sycAMORE DR. New Port Richey	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORTIN, EUGENE 12220 LONGHORN DR. BAYONET POINT FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition D FORTIN, EUGENE 12220 Longhorn Dr. Bayonet Point Fl.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHREIBER, CHARLES 10358 W GIFFORD DR SPRING HILL FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition D CHESTER POZNANSKI 8150 Brent St. #743 Port Richey, Fl. 34668	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULLETT, ARTHUR 6436 PENNSYLVANNIA AVE NEW PORT RICHEY FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition D Ken Clark 7134 Castanea Dr. Port Richey, Fl. 34668	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAVAL, CHARLES 5218 HIBISCUS CT NEW PORT RICHEY FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOYLE, EARL 4535 FLORAMAR TERR NEW PORT RICHEY FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition T Bobby Burris 3225 Matchlock DR Holiday, Fl 34690	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chester Poznanski D [signature] 2-14-98 844-0414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #