FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:49

DOCUMENT # N14073 (3)

1. Corporation Name
PASCO'S PALM TERRACE HOMEOWNERS INC.

Principal Place of Business	Mailing Address
7731 TYSON DRIVE PORT RICHEY FL 34668	7731 TYSON DRIVE PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1986
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2868712 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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)

9. Name and Address of Current Registered Agent

SIGURDSON, HALDON
7731 TYSON DRIVE
PORT RICHEY FL 34668

Halldor Sigurdsson
7731 Tyson Drive
Port Richey, Florida
34668-2337

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: HALLDOR SIGURDSSON Halldor Sigurdsson 2-2-95
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	P	1.1 TITLE	P	☐ Change ☐ Addition
NAME	SIGURDSON, HALDON	1.2 NAME	SIGURDSSON, HALLDOR	CORRECTION
STREET ADDRESS	7731 TYSON DRIVE	1.3 STREET ADDRESS	7731 TYSON DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668	1.4 CITY-ST-ZIP	PORT RICHEY, FL. 34668-2337	
TITLE	T	2.1 TITLE	T	☒ Change ☐ Addition
NAME	JACOBSON, MARILYN	2.2 NAME	GARRISON, DORIS A.	
STREET ADDRESS	7325 EXECUTIVE WOODS CT	2.3 STREET ADDRESS	7415 DAUVIN CT	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	HILLOCK, NICKY	3.2 NAME		
STREET ADDRESS	11106 YELLOWOOD LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ANHALT, DICK	4.2 NAME		
STREET ADDRESS	7400 CHAIRMAN COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BORYLA, JOE	5.2 NAME		
STREET ADDRESS	11210 YEWTREE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CHURBUCK, HEDY	6.2 NAME		
STREET ADDRESS	7605 HAWTHORN DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668	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)(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: Doris A. Garrison DORIS A. GARRISON 2/8/95 813-868-3850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087668