

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
03/27/1986

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIGURDSON, HALDON
7731 TYSON DRIVE
PORT RICHEY FL 34668

81 Name

GEORGE S. MAYER

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

7804 BIRCHWOOD DR

83

84 City

PORT RICHEY

FL

85 Zip Code

34668

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE GEORGE S. MAYER "PRESIDENT"

George S. Mayer

3/19/96

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	<input checked="" type="checkbox"/> DELETE
NAME	SIGURDSSON, HALDOR	
STREET ADDRESS	7731 TYSON DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GARRISON, DORIS A	
STREET ADDRESS	7415 DAUVIN CT	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HILLOCK, NICKY	
STREET ADDRESS	11106 YELLOWWOOD LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANHALT, DICK	
STREET ADDRESS	7400 CHAIRMAN COURT	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BORYLA, JOE	
STREET ADDRESS	11210 YEW TREE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHURBUCK, HEDY	
STREET ADDRESS	7605 HAWTHORN DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	

1.1 TITLE	GEORGE S. MAYER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	7804 BIRCHWOOD DR	
1.3 STREET ADDRESS	PORT RICHEY FL 34668	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	500001755.815	
2.4 CITY-ST-ZIP	03/25/96 - 01030-037	
3.1 TITLE	***01.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RAY GUTT	
4.3 STREET ADDRESS	7735 GREY BIRCH TERR	
4.4 CITY-ST-ZIP	PORT RICHEY FL 34668	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN MC MENAMIN	
5.3 STREET ADDRESS	7540 HAWTHORN DR	
5.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George S. Mayer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/3/88 0217

Daytime Phone #

CR2E037 (12/95)