

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Meem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14073** (3)

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

Principal Place of Business 7731 TYSON DRIVE PORT RICHEY FL 34668	Mailing Address 7731 TYSON DRIVE PORT RICHEY FL 34668-2337
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2. Principal Place of Business 21 7804 BIRCHWOOD DR		2a. Mailing Address 26 7804 BIRCHWOOD DR		3. Date Incorporated or Qualified 03/27/1986	3a. Date of Last Report 03/22/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2868712	Applied For Not Applicable
City & State 23 PORT RICHEY FL		City & State 28 PORT RICHEY FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 34668		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29 34668		Country 30 U.S.A.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAYER, GEORGE 7804 BIRCHWOOD DR PORT 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	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, GEORGE S	1. NAME	
STREET ADDRESS	7804 BIRCHWOOD DR	1. STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL 34668	1. CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRISON, DORIS A	2. NAME	JOANN FIXARI
STREET ADDRESS	7415 DAUVIN CT	2. STREET ADDRESS	7535 HAWTHORN DR
CITY - ST - ZIP	PORT RICHEY FL	2. CITY - ST - ZIP	PORT RICHEY FL 34668
TITLE	S <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLOCK, NICKY	3. NAME	
STREET ADDRESS	11106 YELLOWWOOD LANE	3. STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	3. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTT, RAY	4. NAME	
STREET ADDRESS	7735 GREY BIRCH TERR	4. STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL 34668	4. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMENAMN, JOAN	5. NAME	
STREET ADDRESS	7540 HAWTHORN DR	5. STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL 34668	5. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURBUCK, HEDY	6. NAME	
STREET ADDRESS	7805 HAWTHORN DRIVE	6. STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL 34668	6. CITY - ST - ZIP	

14. I do 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: _____ DATE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **George S Mayer** DAYTIME PHONE # **0088333**

CR2E037 (9/96)