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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90102 038 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N14073**

1. Corporation Name

**PASCO'S PALM TERRACE HOMEOWNERS INC.**

Principal Place of Business

Mailing Address

7804 BIRCHWOOD DR.  
PORT RICHEY FL 34668  
US

7804 BIRCHWOOD DR.  
PORT RICHEY FL 34668  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country  
24 25

28 Zip Country  
29 30

3. Date Incorporated or Qualified

03/27/1986

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAYER, GEORGE  
7804 BIRCHWOOD DR  
PORT RICHEY FL 34668

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*George S. Mayer*

1-18-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P  
MAYER, GEORGE S  
STREET ADDRESS 7804 BIRCHWOOD DR  
CITY-ST-ZIP PORT RICHEY FL 34668

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D.

WILLIAM BIRD  
7518- TYSON DR  
PORT RICHEY FL 34668

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME T  
JO-ANN FIXARI  
STREET ADDRESS 7535 HAWTHORN DR.  
CITY-ST-ZIP PORT RICHEY FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

S.

MC MENAMIN JOAN  
7540 HAWTHORN DR  
PORT RICHEY FL 34668

☒ Change

☐ Addition

TITLE ☒ DELETE

NAME S  
HILLOCK, NICKY  
STREET ADDRESS 11106 YELLOWOOD LANE  
CITY-ST-ZIP PORT RICHEY FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

LORETTA MAYER  
7804-BIRCHWOOD DR.  
PORT RICHEY FL 34668

☐ Change

☒ Addition

TITLE ☒ DELETE

NAME D  
GUTT, RAY  
STREET ADDRESS 7735 GREY BIRCH TERR  
CITY-ST-ZIP PORT RICHEY FL 34668

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☒ DELETE

NAME D  
MCMENAMIN, JOAN  
STREET ADDRESS 7540 HAWTHORN DR  
CITY-ST-ZIP PORT RICHEY FL 34668

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME D  
NELL JOHN  
STREET ADDRESS 10840 NORWOOD AVE  
CITY-ST-ZIP PORT RICHEY FL 34668

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

*G. SIGNATURE REQUIRED PRES.*

1-18-99

727-868-0217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)