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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001778 (9)

1. Corporation Name

PASCO 10-13 CLUB INC.



Principal Place of Business

Mailing Address

**P.O. BOX 11438
SPRING HILL FL 34610**

**P.O. BOX 11438
SPRING HILL FL 34610**

3. Date Incorporated or Qualified
04/08/1994

3a. Date of Last Report
08/23/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAVALIERI, SALVATORE
10924 MAPLEWOOD AVE
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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **STANLEY, JOH F**
STREET ADDRESS **7801 DORAL DR.**
CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE **VPD** ☒ DELETE

NAME **MCCLELLAN, WILLIAM T**
STREET ADDRESS **13235 LAKE SHORE BLVD.**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **RS** ☐ DELETE

NAME **JEWTRAW, WILLIAM G**
STREET ADDRESS **9519 TOWANDA LANE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **TD** ☐ DELETE

NAME **GUENKEL, ROBERT**
STREET ADDRESS **18507 ALEXSON ST**
CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE **SAA** ☐ DELETE

NAME **DIXON, JOSEPH**
STREET ADDRESS **11005 HARDING DR.**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **RICHARD H. WOODS**
1.3 STREET ADDRESS **8164 MILLWOOD DR.**
1.4 CITY-ST-ZIP **HUDSON, FL 34667**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **JOHN F. STANLEY**
2.3 STREET ADDRESS **7801 DORAL DR**
2.4 CITY-ST-ZIP **BAYONET POINT, FL 34667**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Robert Guenkel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT GUENKEL 1/17/96 813-856-1142

Date

Daytime Phone #

CR2E037 (12/95)