

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90005 010 ****61.25

DOCUMENT # N98000004849

1. Entity Name

PLANTATION HOMEOWNERS ASSOCIATION OF PASCO, INC.

Principal Place of Business

**3038 O'HARA DR
 NEW PORT RICHEY FL 34655**

Mailing Address

**3038 O'HARA DR
 NEW PORT RICHEY FL 34655**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1119
 Suite, Apt. #, etc.

City & State

City & State
Elfers, FL

Zip

Country

Zip

34680

Country

Pasco

4. FEI Number

59-3642817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RYAN, MICHAEL J
 3011 O'HARA DRIVE
 NEW PORT RICHEY FL 34655**

address wrong--

7. Name and Address of New Registered Agent

Name

Michael J. Ryan

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

3038 O'Hara Drive

City

New Port Richey, FL

Zip Code

34655

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **RYAN, MICHAEL J**
 STREET ADDRESS **3038 O'HARA DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **DTS** ☐ Delete
 NAME **RYAN, JACQUELINE C**
 STREET ADDRESS **3038 O'HARA DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete
 NAME **CLOWES, PATRICK**
 STREET ADDRESS **3038 O'HARA DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

6-19-01 (727) 842-3778

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CR2E037 (10/00)