

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

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
**PO BOX 1119
ELFERS, FL 34680**



02232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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
3038 O'HARA DRIVE
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000093351 A.H.
03/22/04 88014-014 61.25**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/22/04 88014-014 61.25**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Ryan

3-10-04

Date

Daytime Phone #

(727) 842-3778