

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90177 022 ****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
**PO BOX 1119
ELFERS, FL 34680**

50044579



03292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3642817 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

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 | |

**DO NOT WRITE
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director
Date **4/20/05** (727) 842-3778
Daytime Phone #