

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

**FILED**

**May 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001460 (4)**  
1. Corporation Name  
**PASCO SUNCOAST SWM TEAM, INC.**



Principal Place of Business <b>VETERANS MEMORIAL PARK HUDSON FL 34689 US</b>	Mailing Address <b>P.O. BOX 7330 HUDSON FL 34674 US</b>
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3. Date Incorporated or Qualified  
**03/21/1994**

4. FEI Number <b>59-3233004</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**ELLROD, MATTHEW D  
5645 NEBRASKA AVENUE  
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KARPAY, BARBARA</b>	
STREET ADDRESS	<b>3601 LAKE PADGETT DENE</b>	
CITY-ST-ZIP	<b>LAND-O-LAKES FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>FINNERAN, DAWN</b>	
STREET ADDRESS	<b>15838 LYLE CIR.</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BIACLOSKI, CAROL A</b>	
STREET ADDRESS	<b>7019 SOUTH WIND DENE</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PDTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WEIGHTMAN, ELLEN</b>	
1.3 STREET ADDRESS	<b>13107 SUMPTER CIRCLE</b>	
1.4 CITY-ST-ZIP	<b>BAUDNET POINT, FL 34667</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MARMARATO, MARIANNE</b>	
3.3 STREET ADDRESS	<b>2204 GOLD ROAD</b>	
3.4 CITY-ST-ZIP	<b>SPRING HILL, FL 34609</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>KARPAY, BARBARA</b>	
4.3 STREET ADDRESS	<b>3601 LAKE PADGETT DRIVE</b>	
4.4 CITY-ST-ZIP	<b>LAND O'LAKES, FL 34639</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* Treasurer **4/07/98 (813) 996-4680**

CR2E037 (10/97)