

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05341** (5)

1. Corporation Name

CITIZENS RESIDENTIAL CARE ASSOCIATION OF PASCO COUNTY, INC.

Principal Place of Business 12808 SPLIT OAK DR., HUDSON, FL 34667 P O BOX 682 ELFERS FL 34680	Mailing Address 12808 SPLIT OAK DR., HUDSON, FL 34667 P O BOX 682 ELFERS FL 34680
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3. Date Incorporated or Qualified

09/25/1984

4. FEI Number 59-2489490	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 5532 Auld Lane Suite, Apt. #, etc. 22 City & State 23 Holiday, Florida Zip Country 24 34690 25 Pasco	2a. Mailing Address 26 P. O. Box 682 Suite, Apt. #, etc. 27 City & State 28 Elfers, Florida Zip Country 29 34680 30 Pasco
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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

HAMER, WILLIAM C.
12808 SPLIT OAK DR.
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name Gordon D. Troy	85 Zip Code 34690
82 Street Address (P.O. Box Number is Not Acceptable) 5828 Corkwood Court	
83	
84 City Holiday	FL

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 *Gordon D. Troy* **Gordon D. Troy, Director** **April 15, 1998**
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 VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, ALFRED		1.2 NAME Betty J. Glass	
STREET ADDRESS 227 S. RIVERVIEW DRIVE		1.3 STREET ADDRESS 6345 Springer Drive	
CITY - ST - ZIP NEW PORT RICHEY FL		1.4 CITY - ST - ZIP Port Richey, FL 34668-5353	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCIARRILLO, MICHAEL		2.2 NAME Judith L. Wall	
STREET ADDRESS 3801 SACRAMENTO DR.		2.3 STREET ADDRESS 12902 Cedar Ridge Drive	
CITY - ST - ZIP NEW PORT RICHEY FL		2.4 CITY - ST - ZIP Hudson, FL 34669	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEELIG, LOUIS		3.2 NAME Judith M. Bowes	
STREET ADDRESS 8610 STONEHEDGE WAY		3.3 STREET ADDRESS 3500 Monte Rio Street	
CITY - ST - ZIP BAYONET POINT FL		3.4 CITY - ST - ZIP New Port Richey, FL 34655	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTANO, PHILIP		4.2 NAME Naomi M. Jones	
STREET ADDRESS 8730 ANDROS LN		4.3 STREET ADDRESS 1828 Arcadia Drive	
CITY - ST - ZIP PORT RICHEY FL		4.4 CITY - ST - ZIP Holiday, FL 34690	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STACH, ROBERT		5.2 NAME Gordon D. Troy	
STREET ADDRESS 7813 WICKLOW ST		5.3 STREET ADDRESS 5828 Corkwood Court	
CITY - ST - ZIP NEW PORT RICHEY FL		5.4 CITY - ST - ZIP Holiday, FL 34690	
TITLE PD	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTANO, ALICE		6.2 NAME Alice H. Montano	
STREET ADDRESS 5513 RIDDLE RD		6.3 STREET ADDRESS 5513 Riddle Road	
CITY - ST - ZIP HOLIDAY FL		6.4 CITY - ST - ZIP Holiday, FL 34690	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(3)(b), 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: *Betty J. Glass* **Betty J. Glass** **April 17, 1998** **813-849-4433**

CR2E037 (10/97)