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Feb 16 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 # **N34283** (4)

1. Corporation Name

THE WEST PASCO ROSE SOCIETY, INC.

Principal Place of Business

Mailing Address

5707 DALTON CT
NEW PORT RICHEY FL 34655
USRUTH DI ORIO
5707 DALTON CT
NEWPORT RICHEY FL 34655
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 12800 CANDLEWOOD WAY
23 City & State
Hudson FL
24 Zip 34667
25 Country US

26 MARY ROSE SCHMIDT
27 Suite, Apt. #, etc.
12800 CANDLEWOOD WAY
28 City & State
HUDSON FL
29 Zip 34667
30 Country US

3. Date Incorporated or Qualified

09/21/1989

4. FEI Number

59-2908800

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No8. 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

10. Name and Address of New Registered Agent

DI ORIO, RUTH A.
5707 DALTON COURT
NEW PORT RICHEY FL 3465581 Name
MARY ROSE SCHMIDT82 Street Address (P.O. Box Number Is Not Acceptable)
12800 CANDLEWOOD WAY

83 HUDSON FL

84 City

FL 85 Zip Code
34667

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

Mary Rose Schmidt

Feb 07 - 1997

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	P	<input checked="" type="checkbox"/> DELETE
NAME	DIORIO, RUTH A.	
STREET ADDRESS	5707 DALTON COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRINKO, LARRY	
STREET ADDRESS	110 79 MARYVILLE STREET	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KRIEG, JOAN	
STREET ADDRESS	6039 7TH AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STIA, RUTH	
STREET ADDRESS	8841 CESSNA DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, MARY ROSE	
STREET ADDRESS	12800 CANDLEWOOD WAY	
CITY-ST-ZIP	HUDSON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ORSKI, H JOE O	
STREET ADDRESS	7614 SUE ELLEN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY ROSE SCHMIDT	
1.3 STREET ADDRESS	12800 CANDLEWOOD WAY	
1.4 CITY-ST-ZIP	HUDSON FL 34667	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael KOVALICK	
2.3 STREET ADDRESS	5650 Vermont Avenue	
2.4 CITY-ST-ZIP	New Port Richey Fl 34652	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Leo Whaley	
5.3 STREET ADDRESS	3909 Lake Joyce Drive	
5.4 CITY-ST-ZIP	Land O' LAKES FL 34639	
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: Mary Rose Schmidt MARY ROSE SCHMIDT Jan 12 - 1998 813-8634705

CP2E037 (10/97)