

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N36797** (1)

1. Corporation Name

DEER PARK ELEMENTARY P.T.O., INC.

Principal Place of Business

Mailing Address

% VINCE SCHELL
8636 TROUBLE CREEK RD
NEW PORT RICHEY FL 34653-7012

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8636 TROUBLE CREEK RD
NEW PORT RICHEY FL 34653-7012

3. Date Incorporated or Qualified

02/26/1990

4. FEI Number

59-6000792

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

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

10. Name and Address of New Registered Agent

**MAURO, DARLENE
10620 ALICO PASS
NEW PORT RICHEY FL 34655**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 PD ☒ DELETE
NAME HAROLD, BETH
STREET ADDRESS 5911 DERRINGER CT
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME BULGRIN, KIM
1.3 STREET ADDRESS 5502 Los Palos Dr
1.4 CITY-ST-ZIP New Port Richey fl

TITLE VD ☒ DELETE
NAME SCHELL, VINCE
STREET ADDRESS 5521 REDHAWK DR
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME TRESE, SHARON
2.3 STREET ADDRESS 8242 Matthew Drive
2.4 CITY-ST-ZIP New Port Richey FL

TITLE TD ☒ DELETE
NAME MAURO, DARLENE
STREET ADDRESS 10620 ALICO PASS
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME Schell, Vince
3.3 STREET ADDRESS 5521 Redhawk Dr
3.4 CITY-ST-ZIP New Port Richey FL

TITLE SD ☒ DELETE
NAME PONSLER, CELIA
STREET ADDRESS 8419 GLENGARRY
CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME SASSO, CINDY
4.3 STREET ADDRESS 9840 Hermosillo Dr
4.4 CITY-ST-ZIP New Port Richey FL

TITLE D ☒ DELETE
NAME POOLE, CHRISTY
STREET ADDRESS 4341 OKLAWAHA LN
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME POOLE, CHRISTY
5.3 STREET ADDRESS 4341 Oklawaha Ln
5.4 CITY-ST-ZIP New Port Richey FL

TITLE D ☒ DELETE
NAME MCDEVITT, ROXANNE
STREET ADDRESS 9538 CALLE ALTA
CITY-ST-ZIP NEW PORT RICHEY FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME MCDEVITT, ROXANNE
6.3 STREET ADDRESS 9538 Calle Alta
6.4 CITY-ST-ZIP New Port Richey FL

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

CR2E037 (10/97)