

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN -9 PM 1:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N97000002354 (5)

1. Corporation Name
WEST PASCO UTILITIES, INC.



Principal Place of Business Mailing Address
1518 US HWY. 19, UNIT C HOLIDAY FL 34691

3. Date Incorporated or Qualified
04/25/1997

4. FEI Number Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

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

**DEREMER, GARY A
 1518 US HWY. 19, UNIT C
 HOLIDAY FL 34691**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **D**
 NAME **DEREMER, GARY A**
 STREET ADDRESS **1518 US HWY. 19, UNIT C**
 CITY-ST-ZIP **HOLIDAY FL 34691**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
**700002398567--7
 -01/13/98--01078--004
 *****61.25 *****61.25**

TITLE **DTS**
 NAME **BORDA, JOESPH R**
 STREET ADDRESS **P.O. BOX 1176**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34856-1176**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **HOBBY, H. OLYBE**
 STREET ADDRESS **5709 TIDALWAVE DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34662**

3.1 TITLE **DIRECTOR** Change Addition
 3.2 NAME **MARGARET E. MOUNTAIN**
 3.3 STREET ADDRESS **4925 CROSS BAYOU BOULEVARD**
 3.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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 _____ **1-7-98**

CR2E037 (10/97)