## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

4-10-98

Secretary of State
DIVISION OF CORPORATIONS

<u>1998</u>

DOCUMENT #

Principal Place of Business

SIGNATURE:

N97000003192 (8)

Malling Address

GUARDIANSHIP COUNCIL OF WEST PASCO, INC.

4918 FLORAMAR TERRACE **4918 FLORAMAR TERRACE** 3. Date Incorporated or Qualified **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652** 06/02/1997 Applied For Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 28 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be п Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes Zio Zip Country 8. This corporation owes or has pald the current year intangible ☐ Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HOOK, JOAN NELSON ESQ. Street Address (P.O. Box Number is Not Acceptable) **4918 FLORAMAR TERRACE** 83 NEW PORT RICHEY FL 34652 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 \_\_ DELETE Change Addition 1.1 TITLE TITLE HOOK, JOAN NELSON ESQ. 1 2 NAME NAME **4918 FLORAMAR TERRACE** STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE NAME HOLDEN, NANCY 2.2 NAME STREET ADDRESS 408-1 STATE ROAD 54 2.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY - ST - ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE SNIZEK, PAULINE MALE 3.2 NAME 9006 SUNSHINE BOULEVARD STREET ADDRESS 3.3 STREET ADDRESS **NEW PORT RICHEY FL 34654** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE NAME WING, CLIFF 4 2 NAME 11623 GOLDEN RAIN DRIVE STREET ADDRESS 4.3 STREET ADDRESS **NEW PORT RICHEY FL 34654** CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.