

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 710112 (4)
1. Corporation Name
COLONIAL MANOR CIVIC AND RECREATIONAL ASSOCIATION, INC.

Principal Place of Business Mailing Address
3509 BLAYTON STREET NEW PORT RICHEY FL 34652-3207
3509 BLAYTON ST NEW PORT RICHEY FL 34652-3207 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified 12/28/1965 3a. Date of Last Report 05/01/1994
4. FEI Number 59-6179171 Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ANDERSON, RUTH
3042 BIXLER CT.
HOLIDAY FL 34690

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 \$	LAZUR, MARY LOU	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3648 CANTRELL	1.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE P	DAMASO, BETTY K.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5106 MECASLIN DR.	2.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VP	PADDEN, BARBARA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3542 CANTRELL ST.	3.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	DAMASO, LOUIS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5106 MECASLIN DR.	4.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	REIBER, GEO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3543 CAMBRIDGE ST	5.2 NAME	
STREET ADDRESS	NEW PORT RICHEY FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	FITCH, RUTH	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3551 BEDFORD STREET	6.2 NAME	1228 Maravista Drive
STREET ADDRESS	NEW PORT RICHEY FL	6.3 STREET ADDRESS	New Port Richey FL 34605
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: RUTH ANDERSON *Ruth Anderson* 2/20/95 813 938,4264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Typed Name)