


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 28 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710112 (4)

1. Corporation Name
**COLONIAL MANOR CIVIC AND RECREATIONAL ASSOCIATIO
 N, INC.**

Principal Place of Business 3509 BLAYTON STREET NEW PORT RICHEY FL 34652-3207	Mailing Address 3509 BLAYTON ST NEW PORT RICHEY FL 34652-3207 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1965		3a. Date of Last Report 06/24/1996	
2. Principal Place of Business 21 3509 Blayton St.		2a. Mailing Address 26 3509 Blayton St.	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State New Port Richey, Fl.		28 City & State New Port Richey, Fl.	
24 Zip 34652	25 Country Pasco	29 Zip 34652	30 Country Pasco
4. FEI Number 59-6179171		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RAMSEY, WILMA 5303 PALAFOX DR. NEW PORT RICHEY FL 34652		10. Name and Address of New Registered Agent 81 Name Joseph Scott 82 Street Address (P.O. Box Number is Not Acceptable) 5701 Cantrell St. 83 84 City New Port Richey FL 85 Zip Code 34652	
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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 Joseph Scott, Treasurer 8-25-97
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 S <input type="checkbox"/> DELETE	LAZUR, MARY LOU STREET ADDRESS 3648 CANTRELL CITY-ST-ZIP NEW PORT RICHEY FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P <input checked="" type="checkbox"/> DELETE	GALLAGHER, EDWARD STREET ADDRESS 3607 MONTICELLO CITY-ST-ZIP NEW PORT RICHEY FL 34652	2.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Frances Lentz 2.2 NAME 5122 Lofton St. 2.3 STREET ADDRESS New Port Richey, Fl. 34652 2.4 CITY-ST-ZIP
TITLE VP <input checked="" type="checkbox"/> DELETE	PADDEN, BARBARA STREET ADDRESS 3542 CANTRELL ST. CITY-ST-ZIP NEW PORT RICHEY FL	3.1 TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Frank Lehr 3.2 NAME 4841 Manor Dr. 3.3 STREET ADDRESS New Port Richey, Fl. 34652 3.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	DAMASO, LOUIS STREET ADDRESS 5106 MECASLIN DR. CITY-ST-ZIP NEW PORT RICHEY FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V <input checked="" type="checkbox"/> DELETE	LEHR, FRANK STREET ADDRESS 4841 MANOR DR. CITY-ST-ZIP NEW PORT RICHEY FL 34652	5.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Ruth Anderson 5.2 NAME 3042 Bixler Ct. 5.3 STREET ADDRESS Holiday, Fl. 34690 5.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	FITCH, RUTH STREET ADDRESS 1228 MARAVISTA DRIVE CITY-ST-ZIP NEW PORT RICHEY FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

14. I do 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 I... SIGNATURE REQUIRED 8-25-97 813-847-1125

CP2E037 (4/97)