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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US	Mailing Address 3509 BLAYTON ST NEW PORT RICHEY FL 34652 US
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3. Date Incorporated or Qualified 12/28/1965	
4. FEI Number 59-6179171	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SCOTT, JOSEPH
3701 CANTRELL ST
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name Ed Gallagher	
82 Street Address (P.O. Box Number is Not Acceptable) 3720 Yellowbird St.	
83 City Colonial Hills	
84 City New Port Richey	85 Zip Code FL 34652

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 *Carolyn Smith, Secretary* **3-14-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE S	<input type="checkbox"/> DELETE
NAME LAZUR, MARY LOU	
STREET ADDRESS 3648 CANTRELL	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE P	<input type="checkbox"/> DELETE
NAME LENTZ, FRANCES	
STREET ADDRESS 5122 LOFTON ST	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME LEHR, FRANK	
STREET ADDRESS 4841 MANOR DR	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE D	<input type="checkbox"/> DELETE
NAME DAMASO, LOUIS	
STREET ADDRESS 5108 MECASLIN DR.	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ANDERSON, RUTH	
STREET ADDRESS 3042 BIXLER CT	
CITY-ST-ZIP HOLIDAY FL	
TITLE D	<input type="checkbox"/> DELETE
NAME FITCH, RUTH	
STREET ADDRESS 1228 MARAVISTA DRIVE	
CITY-ST-ZIP NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Lazur, Mary Lou	
1.3 STREET ADDRESS 3648 Cantrell St.	
1.4 CITY-ST-ZIP NPR	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Lentz, Frances	
2.3 STREET ADDRESS 5122 Lofton St.	
2.4 CITY-ST-ZIP NPR	
3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Ed Gallagher	
3.3 STREET ADDRESS 3720 Yellowbird St.	
3.4 CITY-ST-ZIP NPR	
4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Carolyn Smith	
4.3 STREET ADDRESS 3548 Cantrell St.	
4.4 CITY-ST-ZIP NPR	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Anderson, Ruth	
5.3 STREET ADDRESS 3042 Bixler Ct., Holiday	
5.4 CITY-ST-ZIP NPR	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Barbara Padden	
6.3 STREET ADDRESS 3642 Cantrell St.	
6.4 CITY-ST-ZIP NPR	

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: *Carolyn Smith, Secretary* **3/19/98** **847-5499**

CR2E037 (10/97)