

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90022 003 \*\*\*\*61.25

**DOCUMENT # 710112**

1. Entity Name

**COLONIAL MANOR CIVIC AND RECREATIONAL ASSOCIATIO**

Principal Place of Business

Mailing Address

3509 BLAYTON ST.  
 NEW PORT RICHEY FL 34652  
 US

3509 BLAYTON ST  
 NEW PORT RICHEY FL 34652-6207  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6179171**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER, ED**  
**3720 YELLOWBIRD ST**  
**NEW PORT RICHEY FL 34652**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BAXTER, CHARLES</b>	
STREET ADDRESS	<b>4715 MANOR DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HANSON, ROBERT</b>	
STREET ADDRESS	<b>5834 EMBY AVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GALLAGHER, EDWARD</b>	
STREET ADDRESS	<b>3720 YELLOWBIRD DR.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, CAROLYN</b>	
STREET ADDRESS	<b>3548 CANTRELL ST</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, RUTH</b>	
STREET ADDRESS	<b>3042 BIXLER CT</b>	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PADDEN, BARBARA</b>	
STREET ADDRESS	<b>3542 CANTRELL ST</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gallagher, Ed</b>	
STREET ADDRESS	<b>3720 Yellowbird St.</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34652</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Smith, Carolyn</b>	
STREET ADDRESS	<b>3548 Cantrell St.</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34652</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bishop, Nellie</b>	
STREET ADDRESS	<b>2012 Hess Dr.</b>	
CITY-ST-ZIP	<b>Holiday, FL 34689</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lazur, Mary Lou</b>	
STREET ADDRESS	<b>3648 Cantrell St.</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Padden, Barbara</b>	
STREET ADDRESS	<b>3542 Cantrell St.</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hanson, Barbara</b>	
STREET ADDRESS	<b>5834 Emby Ave.</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34652</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nellie Bishop Secy* 2/7/00 727-938-4316  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #