

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90144 040 ****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
 US**

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**



DO NOT WRITE IN THIS SPACE

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 **SMITH, CAROLYN**

Street Address (P.O. Box Number is Not Acceptable)
3548 CANTRELL ST.

City **New Port Richey FL** Zip Code **34652**

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

Carolyn Smith, V.P.

Carolyn Smith

1/26/01

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

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CAROLYN	
STREET ADDRESS	3548 CANTRELL ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELLIE BISHOP	
STREET ADDRESS	2012 HESS DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, MARJORIE	
STREET ADDRESS	3348 BLAYTON ST.	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADDEN, BARBARA	
STREET ADDRESS	3542 CANTRELL ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RULAND, KATHLEEN	
STREET ADDRESS	3427 BEDFORD ST	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, BARBARA	
STREET ADDRESS	5834 EMBAY AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

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:

MARJORIE HAMPTON

Date

1/26/01

Daytime Phone #

727-841-9727

CR2E037 (10/00)