

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **717514** (4)

1. Corporation Name

COLONIAL HILLS CIVIC ASSOCIATION, INC.,



Principal Place of Business

Mailing Address

**3852 PRIME PLACE
NEW PORT RICHEY FL 33552**

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NEW PORT RICHEY FL 33552**

3. Date Incorporated or Qualified
11/06/1969

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
23-7363963

Applied For
Not Applicable

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23

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6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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Zip **34652**

Country

Zip **34652**

Country

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEASON, GLADYS
6222 HOPEWELL DR.
HOLIDAY FL 34690**

81 Name

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

83

84 City

FL

85 Zip Code

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

Gladys Deason - Gladys Deason

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

(NOTE: Registered Agent signature required when reinstating)

2/8/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ESTRIDGE, MARJORIE**
STREET ADDRESS **5245 EAGLE DR**
CITY - ST - ZIP **HOLIDAY FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE
NAME **MELTON, JUNE**
STREET ADDRESS **5854 OTIS DR**
CITY - ST - ZIP **NEW PORT RICHEY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VD** ☒ DELETE
NAME **SWENSON, JOHN**
STREET ADDRESS **6223 HOPEWELL DR.**
CITY - ST - ZIP **NEW PORT RICHEY FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **LEIF ASCHIM**
3.3 STREET ADDRESS **3626 CALERA DR.**
3.4 CITY - ST - ZIP **NEW PORT RICHEY, FL 34652**

TITLE **SD** ☐ DELETE
NAME **RAINVILLE, RITA**
STREET ADDRESS **5551 PERKIN DR**
CITY - ST - ZIP **NEW PORT RICHEY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **DEASON, GLADYS**
STREET ADDRESS **6222 HOPEWELL DR.**
CITY - ST - ZIP **HOLIDAY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **JORDAN, JEAN**
STREET ADDRESS **5723 CHAPMAN DR**
CITY - ST - ZIP **NEW PORT RICHEY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(3)(k), 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: *Gladys Deason - Gladys Deason*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

Date

Daytime Phone #

CR2E037 (12/95)