

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717514

FILED
Apr 29, 2009
Secretary of State

Entity Name: COLONIAL HILLS CIVIC ASSOCIATION, INC.,

Current Principal Place of Business:

3852 PRIME PLACE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

3852 PRIME PLACE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 23-7363963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELTON, JUNE
5854 OTIS DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

PIKE, SHIRLEY
3632 PANOLA DRIVE
NEW PORT RICHEY, FL 34652 US

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: SHIRLEY L. PIKE

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHEEL, EARL
Address: 3526 ODOM DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: EVERETT, SHARON
Address: 5322 DOVE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DT () Delete
Name: MELTON, JUNE
Address: 5854 OTIS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete
Name: PIKE, SHIRLEY
Address: 3622 PANOLA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PIKE, SHIRLEY
Address: 3632 PANOLA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change () Addition
Name: COFFEY, EARL
Address: 3843 COLONIAL HILLS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD (X) Change () Addition
Name: EVERETT, SHARON
Address: 5322 DOVE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD (X) Change () Addition
Name: ALEXANDER, DON
Address: 3550 BLUEBIRD DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY L PIKE

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date