

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90972 047 ****61.25

DOCUMENT # 717514

1. Entity Name
COLONIAL HILLS CIVIC ASSOCIATION, INC.,



Principal Place of Business
**3852 PRIME PLACE
NEW PORT RICHEY FL 34652
US**

Mailing Address
**3852 PRIME PLACE
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 **23-7363963**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11021454



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, JEAN
5723 CHAPMAN DR
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **JOHNSON, CHARLES**
STREET ADDRESS **5319 BOBWHITE DR.**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **PD** ☒ Change ☐ Addition
NAME **CHARLES JOHNSON**
STREET ADDRESS **5319 BOBWHITE DR.**
CITY-ST-ZIP **HOLIDAY, FL #34690**

TITLE **VTD** ☐ Delete
NAME **SCHEEL, EARL**
STREET ADDRESS **3526 ODOM DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **MOLVIE, PATRICIA**
STREET ADDRESS **5231 EAGLE DR**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **SD** ☒ Change ☐ Addition
NAME **SHIRLEY HAYDEN**
STREET ADDRESS **5316 DOVE DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **DONALD HAYDEN**
STREET ADDRESS **5316 DOVE DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature of Charles Johnson
CHARLES JOHNSON PRES

**(227)
944-2130**

CR2E037 (10/02)