I hereby 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 all other like empowered. 04/30/2024 SIGNATURE: CLAUDIA TRAVIS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 717514

Entity Name: COLONIAL HILLS CIVIC ASSOCIATION, INC.,

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

7143 SR 54 #275 NEW PORT RICHEY, FL 34653

Current Mailing Address:

7143 SR 54 #275 NEW PORT RICHEY. FL 34653 US

FEI Number: 23-7363963

Name and Address of Current Registered Agent:

LEWIS, DOREEN F 7143 SR 54 #275 NEW PORT RICHEY, FL 34653 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 | E: DOREEN F LEWIS | | | 04/30/2024 |
|---------------------------|--|-----------------|--------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | SECRETARY | Title | VP | |
| Name | LEWIS, DOREEN | Name | TRAVIS, CLAUDIA | |
| Address | 7143 SR 54 #275 | Address | 7143 SR 54 #275 | |
| City-State-Zip: | NEW PORT RICHEY FL 34653 | City-State-Zip: | NEW PORT RICHEY FL 34653 | 3 |
| Title | TREASURER | Title | PRESIDENT | |
| Name | TRAVIS, CLAUDIA | Name | PIRONE, JOHN | |
| Address | 7143 SR 54 #275 | Address | 7143 SR 54 #275 | |
| City-State-Zip: | NEW PORT RICHEY FL 34653 | City-State-Zip: | NEW PORT RICHEY FL 34653 | 3 |
| Title | DIRECTOR | Title | DIRECTOR | |
| Name | ROTH, LINDA J | Name | HARRIS, DON | |
| Address | 7143 SR 54 #275 | Address | 7143 SR 54 #275 | |
| City-State-Zip: | NEW PORT RICHEY FL 34653 | City-State-Zip: | NEW PORT RICHEY FL 34653 | 3 |
| Title | DIRECTOR | | | |
| Name | BOGART, TIFFANY DR. | | | |
| Address | 7143 SR 54 #275 | | | |
| City-State-Zip: | NEW PORT RICHEY FL 34653 | | | |

Certificate of Status Desired: No

VICE PRESIDENT

FILED Apr 30, 2024 Secretary of State 5648280925CC

Date