

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **710112** (4)

1. Corporation Name

COLONIAL MANOR CIVIC AND RECREATIONAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3509 BLAYTON STREET
NEW PORT RICHEY FL 34652-3207**

**3509 BLAYTON ST
NEW PORT RICHEY FL 34652-3207
US**



3. Date Incorporated or Qualified
12/28/1965

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 3509 BLAYTON ST.

26 3509 BLAYTON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 NEW PORT RICHEY, FL.

28 NEW PORT RICHEY, FL.

Zip

Country

Zip

Country

24 34652

25 U.S.A.

29 34652

30 U.S.A.

4. FEI Number
59-6179171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

**ANDERSON, RUTH
3042 BIXLER CT.
HOLIDAY FL 34690**

81 Name WILMA RAMSEY

**82 Street Address (P.O. Box Number is Not Acceptable)
5303 PALAFOX DR.**

83 NEW PORT RICHEY

84 City

FL

**85 Zip Code
34652**

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

WILMA RAMSEY

Wilma Ramsey

6-6-96

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE
NAME **LAZUR, MARY LOU**
STREET ADDRESS **3648 CANTRELL**
CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **P** ☒ DELETE
NAME **DAMASO, BETTY K.**
STREET ADDRESS **5106 MECASLIN DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **VP** ☐ DELETE
NAME **PADDEN, BARBARA**
STREET ADDRESS **3542 CANTRELL ST.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DAMASO, LOUIS**
STREET ADDRESS **5106 MECASLIN DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **D** ☒ DELETE
NAME **REIBER, GEO**
STREET ADDRESS **3543 CAMBRIDGE ST**
CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **D** ☐ DELETE
NAME **FITCH, RUTH**
STREET ADDRESS **1228 MARAVISTA DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PRES. ☒ Change ☐ Addition

EDWARD GALLAGHER
3607 MONTICELLO
NEW PORT RICHEY, FL 34652

Director ☒ Change ☐ Addition

J.P. ☒ Change ☐ Addition

FRANK LEHR
4841 MANOR DR.
NEW PORT RICHEY, FL. 34652

900001873789 ☐ Change ☐ Addition

-06/24/96--01055--050
*****61.25**

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:

Mary Lou Lazur

6-6-96

813-847-6475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (3/96)