

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 710112 (4)

1. Corporation Name

COLONIAL MANOR CIVIC AND RECREATIONAL ASSOCIATIO  
N, 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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1965

3a. Date of Last Report

06/24/1996

2. Principal Place of Business

21 3509 Blayton St.

2a. Mailing Address

26 3509 Blayton St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 New Port Richey, Fl.

27 City & State

28 New Port Richey, Fl.

Zip

24 34652

Country

25 Pasco

Zip

29 34652

Country

30 Pasco

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMSEY, WILMA  
5303 PALAFOX DR.  
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

Joseph Scott

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

3701 Cantrell St.

83

84 City

New Port Richey

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 Joseph Scott, Treasurer

8-25-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME LAZUR, MARY LOU

STREET ADDRESS 3648 CANTRELL

CITY-ST-ZIP NEW PORT RICHEY FL

TITLE P ☒ DELETE

NAME GALLAGHER, EDWARD

STREET ADDRESS 3607 MONTICELLO

CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VP ☒ DELETE

NAME PADDEN, BARBARA

STREET ADDRESS 3542 CANTRELL ST.

CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ DELETE

NAME DAMASO, LOUIS

STREET ADDRESS 5106 MECASLIN DR.

CITY-ST-ZIP NEW PORT RICHEY FL

TITLE V ☒ DELETE

NAME LEHR, FRANK

STREET ADDRESS 4841 MANOR DR.

CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ DELETE

NAME FITCH, RUTH

STREET ADDRESS 1228 MARAVISTA DRIVE

CITY-ST-ZIP NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME Frances Lentz

2.3 STREET ADDRESS 5122 Lofton St.

2.4 CITY-ST-ZIP New Port Richey, Fl. 34652

3.1 TITLE Vice President ☒ Change ☐ Addition

3.2 NAME Frank Lehr

3.3 STREET ADDRESS 4841 Manor Dr.

3.4 CITY-ST-ZIP New Port Richey, Fl. 34652

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Director ☒ Change ☐ Addition

5.2 NAME Ruth Anderson

5.3 STREET ADDRESS 3042 Bixler Ct.

5.4 CITY-ST-ZIP Holiday, Fl. 34690

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joseph Scott* SIGNATURE REQUIRED

MARY J.

813-847-4125

CR2E037 (4/97)