


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>710112</b> (4) 1. Corporation Name <b>COLONIAL MANOR CIVIC AND RECREATIONAL ASSOCIATION, INC.</b>			
Principal Place of Business <b>3509 BLAYTON STREET NEW PORT RICHEY FL 34652 US</b>		Mailing Address <b>3509 BLAYTON ST NEW PORT RICHEY FL 34652 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>12/28/1965</b>		4. FEI Number <b>59-6179171</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SCOTT, JOSEPH 3701 CANTRELL ST NEW PORT RICHEY FL 34652</b>		10. Name and Address of New Registered Agent 81 Name <b>Ed Gallagher</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3720 Yellowbird St.</b> 83 City <b>Colonial Hills</b> 84 City <b>New Port Richey</b> <b>FL</b> 85 Zip Code <b>34652</b>	
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 <i>Carolyn Smith, Secretary</i> (NOTE: Registered Agent signature required when reinstating) <b>3-14-98</b> DATE			
12. OFFICERS AND DIRECTORS			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	
NAME	<b>LAZUR, MARY LOU</b>		
STREET ADDRESS	<b>3648 CANTRELL</b>		
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	
NAME	<b>LENTZ, FRANCES</b>		
STREET ADDRESS	<b>5122 LOFTON ST</b>		
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	
NAME	<b>LEHR, FRANK</b>		
STREET ADDRESS	<b>4841 MANOR DR</b>		
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	
NAME	<b>DAMASO, LOUIS</b>		
STREET ADDRESS	<b>5108 MECASLIN DR.</b>		
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	
NAME	<b>ANDERSON, RUTH</b>		
STREET ADDRESS	<b>3042 BIXLER CT</b>		
CITY-ST-ZIP	<b>HOLIDAY FL</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	
NAME	<b>FITCH, RUTH</b>		
STREET ADDRESS	<b>1228 MARAVISTA DRIVE</b>		
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	<b>D</b>		
1.3 STREET ADDRESS	<b>Lazur, Mary Lou</b>		
1.4 CITY-ST-ZIP	<b>3648 Cantrell St. NPR</b>		
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	<b>D</b>		
2.3 STREET ADDRESS	<b>Lentz, Frances</b>		
2.4 CITY-ST-ZIP	<b>5122 Lofton St. NPR</b>		
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME	<b>T</b>		
3.3 STREET ADDRESS	<b>Ed Gallagher</b>		
3.4 CITY-ST-ZIP	<b>3720 Yellowbird St. NPR</b>		
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME	<b>S</b>		
4.3 STREET ADDRESS	<b>Carolyn Smith</b>		
4.4 CITY-ST-ZIP	<b>3548 Cantrell St. NPR</b>		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME	<b>D</b>		
5.3 STREET ADDRESS	<b>Anderson, Ruth</b>		
5.4 CITY-ST-ZIP	<b>3042 Bixler Ct., Holiday</b>		
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
6.2 NAME	<b>D</b>		
6.3 STREET ADDRESS	<b>Barbara Padden</b>		
6.4 CITY-ST-ZIP	<b>3642 Cantrell St. NPR</b>		

14. 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 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: *Carolyn Smith, Secretary* **3/19/98** **847-5499**

CR2E037 (10/97)