


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 710112					
1. Corporation Name COLONIAL MANOR CIVIC AND RECREATIONAL ASSOCIATION, INC.					
Principal Place of Business 3509 BLAYTON STREET NEW PORT RICHEY FL 34652 US			Mailing Address 3509 BLAYTON ST NEW PORT RICHEY FL 34652 US		



2. Principal Place of Business 21 3509 Blayton St.		2a. Mailing Address 26 3509 Blayton St.		3. Date Incorporated or Qualified 12/28/1965	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-6179171	
City & State 23 New Port Richey, FL		City & State 28 New Port Richey, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 34652 25 Pasco		Zip Country 29 34652 30 Pasco		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GALLAGHER, ED 3720 YELLOWBIRD ST COLONIAL HILLS NEW PORT RICHEY FL 34652				10. Name and Address of New Registered Agent			
				81 Name Edward Gallagher			
				82 Street Address (P.O. Box Number is Not Acceptable) 3720 Yellowbird Dr.			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAZUR, MARY LOU			1.2 NAME	Charles Baxter		
STREET ADDRESS	3648 CANTRELL			1.3 STREET ADDRESS	4715 Manor Drive		
CITY-ST-ZIP	NEW PORT RICHEY FL			1.4 CITY-ST-ZIP	New Port Richey, FL 34652		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LENTZ, FRANCES			2.2 NAME	Robert Hanson		
STREET ADDRESS	5122 LOFTON ST			2.3 STREET ADDRESS	5834 Emby Ave.		
CITY-ST-ZIP	NEW PORT RICHEY FL			2.4 CITY-ST-ZIP	New Port Richey, FL 34652		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEHR, FRANK			3.2 NAME	Edward Gallagher		
STREET ADDRESS	4841 MANOR DR			3.3 STREET ADDRESS	3720 Yellowbird Dr.		
CITY-ST-ZIP	NEW PORT RICHEY FL			3.4 CITY-ST-ZIP	New Port Richey, FL 34652	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	SMITH, CAROLYN			4.2 NAME			
STREET ADDRESS	3548 CANTRELL ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, RUTH			5.2 NAME			
STREET ADDRESS	3042 BIXLER CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOLIDAY FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITCH, RUTH			6.2 NAME	Barbara Padden		
STREET ADDRESS	1228 MARAVISTA DRIVE			6.3 STREET ADDRESS	3542 Cantrell St.		
CITY-ST-ZIP	NEW PORT RICHEY FL			6.4 CITY-ST-ZIP	New Port Richey, FL 34652		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Carolyn Smith SIGNATURE REQUIRED CAROLYN SMITH, SEC. 727-849-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)