FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725048 (3)

1. Corporation Name
COLONIAL HILLS WOMAN'S CLUB INC

Principal Place of Business	Mailing Address
3652 PRIME PLACE NEW PORT RICHEY FL 34652	3652 PRIME PLACE NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1972
3a. Date of Last Report: 04/01/1994
4. FEI Number: 23-7376907 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CAVALLARA, JOSEPHINE
5226 FALCON DR
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name: INGRID A SWENSON
82 Street Address (P.O. Box Number is Not Acceptable): 6223 Hopewell Drive
83
84 City: Holiday FL 85 Zip Code: 34690

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: INGRID A SWENSON Ingrid A Swenson 3/29/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating! DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition President
NAME	CONDON, FLORENCE	1.2 NAME	Virginia Persch
STREET ADDRESS	6021 FINCH DR.	1.3 STREET ADDRESS	3540 Yellowbird Drive
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	New Port Richey FL 34652
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition VPD
NAME	KOEHLER, ROSE	2.2 NAME	Jean Jordan
STREET ADDRESS	5209 TILSON DRIVE	2.3 STREET ADDRESS	5137 Dove Drive
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey 34652
TITLE	D	3.1 TITLE	☐ Change ☐ Addition DIRECTOR
NAME	CAVALLARA, JO	3.2 NAME	Dolly Guetschow
STREET ADDRESS	5226 FALCON DR	3.3 STREET ADDRESS	2905 Matchlock Drive
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	Holiday FL 34690
TITLE	T	4.1 TITLE	☐ Change ☐ Addition TREASURER
NAME	STURDEVANT, LEONE E.	4.2 NAME	Ingrid A Swenson
STREET ADDRESS	3640 BLACKHAWK DR	4.3 STREET ADDRESS	6223 Hopewell Drive
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	Holiday FL 34690
TITLE	D	5.1 TITLE	☐ Change ☐ Addition SD
NAME	CARRIZZO, VIRGINIA	5.2 NAME	Virginia Carrizzo
STREET ADDRESS	2313 MOOG RD E	5.3 STREET ADDRESS	2313 Moog Rd
CITY-ST-ZIP	HOLIDAY FL	5.4 CITY-ST-ZIP	Holiday FL 34690
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: INGRID A SWENSON Ingrid A Swenson 3/29/95 (813) 848-4525
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087A09