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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725048 (3)

1. Corporation Name

COLONIAL HILLS WOMAN'S CLUB INC



Principal Place of Business

Mailing Address

3852 PRIME PLACE
NEW PORT RICHEY FL 346523852 PRIME PLACE
NEW PORT RICHEY FL 34652-6138

3. Date Incorporated or Qualified

12/28/1972

3a. Date of Last Report

03/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGRID A SWENSON
6223 HOPEWELL DRIVE
HOLIDAY FL 34690

81 Name

JOYCE SOLIMINI

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

5152 BEACON HILL 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

Joyce Solimini

JOYCE SOLIMINI/TRES.

2/10/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME PERCH, VIRGINIA
STREET ADDRESS 3540 YELLOWBIRD DRIVE
CITY-ST-ZIP NEW PORT RICHEY FLTITLE VPD ☒ DELETE
NAME JORDAN, JEAN
STREET ADDRESS 5137 DOVE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FLTITLE D ☐ DELETE
NAME GUETSCHOW, DOLLY
STREET ADDRESS 2905 MATCHLOCK DRIVE
CITY-ST-ZIP HOLIDAY FLTITLE T ☒ DELETE
NAME SWENSON, INGRID A
STREET ADDRESS 6223 HOPEWELL DRIVE
CITY-ST-ZIP HOLIDAY FLTITLE SD ☒ DELETE
NAME CARRIZZO, VIRGINIA
STREET ADDRESS 2313 MOOG RD
CITY-ST-ZIP HOLIDAY FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME PERRY, MAE
2.3 STREET ADDRESS 5721 SAREN DR.
2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 346523.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME SOLIMINI, JOYCE
4.3 STREET ADDRESS 5152 BEACON HILL DR.
4.4 CITY-ST-ZIP NEW PORT RICHEY, FL 346525.1 TITLE SD ☒ Change ☐ Addition
5.2 NAME MELTON, JUNE
5.3 STREET ADDRESS 5854 OTIS DR.
5.4 CITY-ST-ZIP NEW PORT RICHEY, FL 346526.1 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: Virginia Persch REQUIRED VIRGINIA PERSCH/PRES.

(813) 848-0542

CR2E037 (9/96)