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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725048** (3)

1. Corporation Name

COLONIAL HILLS WOMAN'S CLUB INC

Principal Place of Business

**3852 PRIME PLACE
NEW PORT RICHEY FL 34652**

Mailing Address

**3852 PRIME PLACE
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified

12/28/1972

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

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

**SOLIMINI, JOYCE
5152 BEACON HILL DR.
NEW PORT RICHEY FL 34652**

81 Name

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

83

84 City

FL

85 Zip Code

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 / Treas.

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

(NOTE: Registered Agent signature required when reinstating)

1/19/98
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **PERCH, VIRGINIA**
STREET ADDRESS **3540 YELLOWBIRD DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VPD** ☐ DELETE

NAME **PERRY, MAE**
STREET ADDRESS **5721 SAREN DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE

NAME **GUETSCHOW, DOLLY**
STREET ADDRESS **2905 MATCHLOCK DRIVE**
CITY-ST-ZIP **HOLIDAY FL**

TITLE **T** ☐ DELETE

NAME **SOLIMINI, JOYCE**
STREET ADDRESS **5152 BEACON HILL DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **SD** ☐ DELETE

NAME **MELTON, JUNE**
STREET ADDRESS **5854 OTIS DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Virginia Persch / Virginia Persch / Pres.

1/19/98

CR2E037 (10/97)