


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90043 019 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725048**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/28/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7376907	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Lorraine Streveler**  
82 Street Address (P.O. Box Number is Not Acceptable) **5630 Chipper Dr**  
83 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 Lorraine Streveler Lorraine Streveler 1-21-99  
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERCH, VIRGINIA	1.2 NAME	Guettschow, Natalie
STREET ADDRESS	3540 YELLOWBIRD DRIVE	1.3 STREET ADDRESS	2905 Matchlock Dr.
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	Holiday, FL 34690
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, MAE	2.2 NAME	
STREET ADDRESS	5721 SAREN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUETSCHOW, DOLLY	3.2 NAME	URBANSKI, Genereve
STREET ADDRESS	2905 MATCHLOCK DRIVE	3.3 STREET ADDRESS	5052 Beacon Hill, Dr
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Warren, Audrey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLIMINI, JOYCE	4.2 NAME	
STREET ADDRESS	5152 BEACON HILL DR	4.3 STREET ADDRESS	5244 Pala Fax Dr
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTON, JUNE	5.2 NAME	
STREET ADDRESS	5854 OTIS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Natalie Guetschow NATALIE GUETSCHOW 1/21/99-727-937-6226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)