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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **752825** (0)  
1. Corporation Name  
**CITIZENS ASSOCIATION OF PORT RICHEY, INC.**

Principal Place of Business Mailing Address  
**5035 MILLER BAYOU DRIVE** **5035 MILLER BAYOU DRIVE**  
**PORT RICHEY FL 34668** **PORT RICHEY FL 34668**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/06/1980** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2092079** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **8406 Carolyn DR.** 26 **8406 Carolyn DR.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 \_\_\_\_\_ 27 \_\_\_\_\_  
City & State City & State  
23 **PORT RICHEY, FL.** 28 **PORT RICHEY, FL.**  
Zip Country Zip Country  
24 **34668** 25 **PASCO** 29 **34668** 30 **PASCO**

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

9. Name and Address of Current Registered Agent  
**BASCIK, MARGARET**  
**5035 MILLER BAYOU DRIVE**  
**PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent  
81 Name **HEITNER, ELINOR**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8406 CAROLYN DR.**  
83 \_\_\_\_\_  
84 City **PORT RICHEY, FL** 85 Zip Code **34668**

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 agent 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 Elinor Heitner DATE 4/25/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BASCIK, MARGARET</b>
STREET ADDRESS	<b>5035 MILLER BAYOU DRIVE</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>V</b>
NAME	<b>HEITNER, ELINOR</b>
STREET ADDRESS	<b>8406 CAROLYN DRIVE</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>T</b>
NAME	<b>ZUClich, GRACE</b>
STREET ADDRESS	<b>6201 OLD POST ROAD</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>S</b>
NAME	<b>NAUSED, SUSAN</b>
STREET ADDRESS	<b>5707 QUIST DRIVE</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>D</b>
NAME	<b>BEMOS, CHARLES</b>
STREET ADDRESS	<b>8848 BETTY STREET</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>
TITLE	<b>D</b>
NAME	<b>FOLEY, PATRICIA</b>
STREET ADDRESS	<b>8414 CAROLYN DRIVE</b>
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HEITNER, ELINOR</b>	
1.3 STREET ADDRESS	<b>8406 CAROLYN DRIVE</b>	
1.4 CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RAIMOND, PATRICK</b>	
2.3 STREET ADDRESS	<b>5238 MILLER BAYOU DRIVE</b>	
2.4 CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>	
3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HADDEN, KATHERINE</b>	
3.3 STREET ADDRESS	<b>8511-OLD POST RD.</b>	
3.4 CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>	
4.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Foley, PATRICIA</b>	
4.3 STREET ADDRESS	<b>8414 Carolyn Drive</b>	
4.4 CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DOMBROWSKI, EVELYN</b>	
5.3 STREET ADDRESS	<b>4850 BAY PARK DR.</b>	
5.4 CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>FRANCIS ALLEN</b>	
6.3 STREET ADDRESS	<b>5102 MILLER BAYOU DRIVE</b>	
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)(k), 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: Katherine Hadden - KATHERINE DATE 4/25/95 (813) 842-4763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Part of Document # 752825

1995

D. Remaining Director of C.A.P.R.I.  
FLORENCE PETERSON  
5140 MILLER BAYOU DR.  
PORT RICHEY, FL. 34668

D MURRAY GUTTMAN  
8444 GREEN ST.  
PORT RICHEY, FL. 34668

D Fred MILLER  
8429 OLD POST RD  
PORT RICHEY, FL. 34668

752825