

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **8406 CAROLYN DRIVE PORT RICHEY FL 34668 US**
Mailing Address: **8406 CAROLYN DRIVE PORT RICHEY FL 34668 US**

3. Date Incorporated or Qualified: **06/06/1980**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2092079	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HEITNER, ELINOR 8406 CAROLYN DRIVE PORT RICHEY FL 34668				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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: *Elinor S. Heitner* (NOTE: Registered Agent signature required when reinstating)
Date: **4/9/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEITNER, ELINOR			1.2 NAME			
STREET ADDRESS	8406 CAROLYN DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAIMOND, PATRICK			2.2 NAME			
STREET ADDRESS	5238 MILLER BAYOU DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HADDEN, KATHERINE			3.2 NAME			
STREET ADDRESS	8511 OLD POST RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOLEY, PATRICIA			4.2 NAME			
STREET ADDRESS	8414 CAROLYN DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL			4.4 CITY-ST-ZIP	PORT RICHEY, FL 34668		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOMBROWSKI, EVELYN			5.2 NAME			
STREET ADDRESS	4850 BAY PARK DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL			5.4 CITY-ST-ZIP	PORT RICHEY, FL 34668		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, FRANCIS			6.2 NAME			
STREET ADDRESS	5102 MILLER BAYOU DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL			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: *Elinor S. Heitner* (NOTE: Registered Agent signature required when reinstating)
Date: **4/9/96** (813) 846-1838
Daytime Phone #

CR2E037 (12/95)

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Officers Citizens Assoc. of Port Richey, Inc.

D

Florence Peterson

5140 Miller Bayou Dr.

Port Richey, Fl. 34668

D

Murray GUTTMAN

8444 Green St

Port Richey, Fl. 34668