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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 752825 (0)

1. Corporation Name

CITIZENS ASSOCIATION OF PORT RICHEY, INC.



Principal Place of Business

Mailing Address

8406 CAROLYN DRIVE
PORT RICHEY FL 34668
US

8406 CAROLYN DRIVE
PORT RICHEY FL 34668-6209
US

3. Date incorporated or Qualified 06/06/1980
3a. Date of Last Report 04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Donna True

26 8612 Green St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 8612 Green St.

27 Port Richey, FL

City & State

City & State

23 Port Richey, FL

28

24 Zip 34668

Country US

29 Zip 34668

Country US

30

4. FEI Number 59-2092079

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes 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

Donna True

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

8612 Green St.

83

84 City

Port Richey

FL

85 Zip Code 34668

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 Donna True

April 14, 1997

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 type="checkbox"/> DELETE	1.1 TITLE	④ DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEITNER, ELINOR	1.2 NAME	F
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	④ DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, 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 checked="" type="checkbox"/> DELETE	3.1 TITLE	③ TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDEN, KATHERINE	3.2 NAME	RAYMOND, PATRICIA
STREET ADDRESS	8511 OLD POST RD.	3.3 STREET ADDRESS	5238 MILLER BAYOU DRIVE
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	④ SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMBROWSKI, EVELYN	4.2 NAME	TRUE, DONNA
STREET ADDRESS	4850 BAY PARK DRIVE	4.3 STREET ADDRESS	8612 GREEN STREET
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	⑥ DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALZILLO, SAL	5.2 NAME	LORRAINE COY
STREET ADDRESS	7807 CHASGO	5.3 STREET ADDRESS	5229 MILLER BAYOU DRIVE
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	① PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, FRANCIS	6.2 NAME	FAULKNER, VALERIE
STREET ADDRESS	5102 MILLER BAYOU DRIVE	6.3 STREET ADDRESS	5147 BAY BLVD.
CITY-ST-ZIP	PORT RICHEY FL	6.4 CITY-ST-ZIP	PORT RICHEY, FL 34668

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.

CP2E037 (9/96)

1997 Nonprofit Corporation annual report: Citizens' Association of Port Richey, Inc.

Additions to #12

② Vice President (change)
Casandra Watson
5224 Miller Bayou Drive
Port Richey, FL 34668

⑨ Director
Murray Guttman
8444 Green Street
Port Richey, FL 34668