


FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra 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 TRUE, DONNA 8612 GREEN ST PT RICHEY FL 34668 US	Mailing Address 8612 GREEN ST PORT RICHEY FL 34668 US
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3. Date Incorporated or Qualified 06/06/1980
4. FEI Number 59-2092079
Applied For <input type="checkbox"/>
Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 5147 BAY BOULEVARD Suite, Apt. #, etc.	2a. Mailing Address 26 5147 BAY BOULEVARD Suite, Apt. #, etc.
22 City & State 23 PORT RICHEY, FL	27 City & State 28 PORT RICHEY, FL
24 Zip 34668	25 Country U.S.A.
29 Zip 34668	30 Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
TRUE, DONNA
8612 GREEN ST
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name FAULKNER, VALERIE
82 Street Address (P.O. Box Number Is Not Acceptable) 5147 BAY BOULEVARD
83
84 City PORT RICHEY
85 State FL
86 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 **VALERIE FAULKNER PRES.** *Valerie Faulkner pres. 4/21/98*
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 D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEITNER, ELINOR		1.2 NAME COY, LORRAINE	
STREET ADDRESS 8406 CAROLYN DRIVE		1.3 STREET ADDRESS 5229 MILLER BAYOU DRIVE	
CITY-ST-ZIP PORT RICHEY FL		1.4 CITY-ST-ZIP PORT RICHEY, FL 34668	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAYMOND, PATRICK		2.2 NAME DOMBROWSKI, EVELYN	
STREET ADDRESS 5238 MILLER BAYOU DRIVE		2.3 STREET ADDRESS 4850 BAY PARK DRIVE	
CITY-ST-ZIP PORT RICHEY FL		2.4 CITY-ST-ZIP PORT RICHEY, FL 34668	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAYMOND, PATRICIA		3.2 NAME PETERSON, FLORENCE	
STREET ADDRESS 5238 MILLER BAYOU DR		3.3 STREET ADDRESS 5140 MILLER BAYOU DRIVE	
CITY-ST-ZIP PORT RICHEY FL		3.4 CITY-ST-ZIP PORT RICHEY, FL 34668	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE ✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TRUE, DONNA		4.2 NAME WATSON, CASSY	
STREET ADDRESS 8612 GREEN ST		4.3 STREET ADDRESS 5224 MILLER BAYOU DRIVE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALZILLO, SAL		5.2 NAME	
STREET ADDRESS 7807 CHASGO		5.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL		5.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAULKNER, VALERIE		6.2 NAME	
STREET ADDRESS 5147 BAY BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL		6.4 CITY-ST-ZIP	

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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: **VALERIE FAULKNER PRES.** *Valerie Faulkner Pres.* **4/21/98 (813)842-4920**

CR2E037 (10/97)