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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	Mailing Address
TRUE, DONNA 8612 GREEN ST PT RICHEY FL 34668 US	8612 GREEN ST PORT RICHEY FL 34668 US

3. Date Incorporated or Qualified	06/06/1980
4. FEI Number	59-2092079
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. 5147 BAY BOULEVARD	25. 5147 BAY BOULEVARD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22.	27.
City & State	City & State
23. PORT RICHEY, FL	28. PORT RICHEY, FL
Zip	Zip
24. 34668	29. 34668
Country	Country
25. U.S.A.	30. 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 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 VALERIE FAULKNER PRES. *Valerie Faulkner* DATE 4/21/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEITNER, ELINOR	
STREET ADDRESS	8406 CAROLYN DRIVE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAIMOND, PATRICK	
STREET ADDRESS	5238 MILLER BAYOU DRIVE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RAIMOND, PATRICIA	
STREET ADDRESS	5238 MILLER BAYOU DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRUE, DONNA	
STREET ADDRESS	8612 GREEN ST	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SALZILLO, SAL	
STREET ADDRESS	7807 CHASGO	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FAULKNER, VALERIE	
STREET ADDRESS	5147 BAY BLVD	
CITY-ST-ZIP	PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COY, LORRAINE	
1.3 STREET ADDRESS	5229 MILLER BAYOU DRIVE	
1.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DOMBROWSKI, EVELYN	
2.3 STREET ADDRESS	4850 BAY PARK DRIVE	
2.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETERSON, FLORENCE	
3.3 STREET ADDRESS	5140 MILLER BAYOU DRIVE	
3.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
4.1 TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WATSON, CASSY	
4.3 STREET ADDRESS	5224 MILLER BAYOU DRIVE	
4.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: VALERIE FAULKNER PRES. *Valerie Faulkner*

4/21/98 (813)842-4920

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