


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90304 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 752825

1. Corporation Name

CITIZENS ASSOCIATION OF PORT RICHEY, INC.

Principal Place of Business

Mailing Address

5147 BAY BLVD.
 PORT RICHEY FL 34668
 US

5147 BAY BLVD.
 PORT RICHEY FL 34668
 US



2. Principal Place of Business 21 7606 CHAPEL AVE. Suite, Apt. #, etc. 22 City & State 23 PORT RICHEY, FL Zip 24 34668 Country 25 U.S.A.		2a. Mailing Address 26 SAME AS #2 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 06/06/1980 4. FEI Number 59-2092079 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
--	--	---	--	--	--

9. Name and Address of Current Registered Agent

FAULKNER, VALERIE
 5147 BAY BLVD
 PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name	JAMES CARTER		
82 Street Address (P.O. Box Number is Not Acceptable)	7606 CHAPEL AVE.		
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 James Carter (James Carter) DATE 4-15-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	B S <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEITNER, ELINOR	1.2 NAME	CARTER, JAMES
STREET ADDRESS	8406 CAROLYN DRIVE.	1.3 STREET ADDRESS	7606 CHAPEL AVE
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIMOND, PATRICK	2.2 NAME	NEGER, DANIEL
STREET ADDRESS	5238 MILLER BAYOU DRIVE	2.3 STREET ADDRESS	8344 CAROLYN 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	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIMOND, PATRICIA	3.2 NAME	THOMAS BROWN
STREET ADDRESS	5238 MILLER BAYOU DR	3.3 STREET ADDRESS	4823 EBBTIDE LANE, APT. 503
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	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUE, DONNA	4.2 NAME	MAXINE SHEETZ
STREET ADDRESS	8612 GREEN ST	4.3 STREET ADDRESS	7526 GRAND BLVD.
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	
NAME	COY, LORRAINE	5.2 NAME	
STREET ADDRESS	5229 MILLER BAYOU DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	5.4 CITY-ST-ZIP	
TITLE	B S <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	6.1 TITLE	
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	

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, with all other like empowered.

SIGNATURE: James Carter SIGNATURE (REQUIRED) James Carter DATE 4-12-99 DAYTIME PHONE # 727-845-0424
Signature and typed or printed name of signing officer or director