

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

DOCUMENT # 746775 (6)
1. Corporation Name
COLUMBIA HOME ASSOCIATION OF CHARLOTTE COUNTY, I NC.



Principal Place of Business Mailing Address
P.O. BOX 15042 PORT CHARLOTTE FL 33948-0042 **P.O. BOX 15042 PORT CHARLOTTE FL 33948-0042**

3. Date Incorporated or Qualified **04/17/1979** 3a. Date of Last Report **03/02/1995**
4. FEI Number **59-1461439** 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

2. Principal Place of Business 2a. Mailing Address
21 **2421 Tamiami Trail** 26 **2421 Tamiami Trail**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Port Charlotte, FL** 28 **Port Charlotte, FL**
Zip Country 29 Zip Country
24 **33952** 25 **U.S.A.** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
**GREENWALD, MARTIN
2335 BROADRANCH DRIVE
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	LOCKE DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHOLIC, RICHARD		1.2 NAME	4374 MEAGER CIRCLE	
STREET ADDRESS	2184 NUREMBERG BLVD.		1.3 STREET ADDRESS	PORT CHARLOTTE FL. 33948	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUN, DANIEL		2.2 NAME	ZAILSKAS EDWARD	
STREET ADDRESS	23331 ROUNDTREE AVE.		2.3 STREET ADDRESS	480 CICERO ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33948	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ILIOU, ADRIEN		3.2 NAME	TARQUINI RAPHAEL	
STREET ADDRESS	113 MILPORT ST		3.3 STREET ADDRESS	26327 SHURE PR. FL.	
CITY-ST-ZIP	PT. CHARLOTTE FL		3.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33952	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWALD, MARTIN		4.2 NAME	GREENWALD MARTIN	
STREET ADDRESS	235 BROADRANCH DR		4.3 STREET ADDRESS	2335 BROADRANCH DR.	
CITY-ST-ZIP	PT. CHARLOTTE FL		4.4 CITY-ST-ZIP	PORT CHARLOTTE FL. 33948	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMO, JOSEPH		5.2 NAME	BRAUN DANIEL DR.	
STREET ADDRESS	19588 CAROB ST		5.3 STREET ADDRESS	PORT CHARLOTTE FL. 33980	
CITY-ST-ZIP	PT. CHARLOTTE FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCKE, DAVID		6.2 NAME	SOUSA JOSEPH	
STREET ADDRESS	4374 MEAGER CIRCLE		6.3 STREET ADDRESS	2437 HARBOR BL. PORT CHARLOTTE FL 33952	
CITY-ST-ZIP	PT. CHARLOTTE 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: Martin Greenwald Date: 1-29-96 Daytime Phone #: 941-629-3429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)