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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746775 (6)

1. Corporation Name
COLUMBIA HOME ASSOCIATION OF CHARLOTTE COUNTY, I NC.



Principal Place of Business 2421 TAMAMI TRAIL PORT CHARLOTTE FL 33952 US	Mailing Address 2421 TAMAMI TRAIL PORT CHARLOTTE FL 33952 US
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3. Date incorporated or Qualified 04/17/1979		
4. FEI Number 59-1461439	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 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 type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Zip	30. Country

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. City	
84. State 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 MARTIN GREENWALD DATE _____

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	PD CHAMBERS, THOMAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1465 SAINT GEORGE LN	1.2 NAME	
STREET ADDRESS	PUNTA GORDA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WILLIAM, MYERS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1314 KENSINGTON ST	2.2 NAME	
STREET ADDRESS	PORT CHARLOTTE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BATISTA, JOSE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1180 DESMOND ST	3.2 NAME	
STREET ADDRESS	PORT CHARLOTTE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD BISSONETTE, RICHARD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25173 ZODIAC LN	4.2 NAME	
STREET ADDRESS	PUNTA GORDA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TARQUINI, RAPHAEL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	26327 SUCRE DR	5.2 NAME	
STREET ADDRESS	PUNTA GORDA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MACHUKAS, KASIMER	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3539 PORT CHARLOTTE BLVD	6.2 NAME	
STREET ADDRESS	PT. CHARLOTTE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4.1 TITLE	S. D. FLANIGAN JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	9990 PEACE RIVER DR. S.W.	
4.3 STREET ADDRESS	ARCADIA FL. 33821	
4.4 CITY-ST-ZIP		
5.1 TITLE	D. ANTHONY TANNUZZI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	25908 AVSEN DR.	
5.3 STREET ADDRESS	PUNTA GORDA FL. 33983	
5.4 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: THOMAS CHAMBERS *Thomas Chambers* **3/12/98**

CR2E037 (10/97)