


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90083 045 \*\*\*\*61.25

<b>DOCUMENT # 746775</b>			
1. Entity Name <b>COLUMBIA HOME ASSOCIATION OF CHARLOTTE COUNTY, INC.</b>			
Principal Place of Business <b>2421 TAMiami TRAIL          PORT CHARLOTTE, FL 33952 US</b>		Mailing Address <b>2421 TAMiami TRAIL          PORT CHARLOTTE, FL 33952 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>21505 AUGUSTA</b> Suite, Apt. #, etc.	
City & State <b>Port CHARLOTTE FL</b>		4. FEI Number <b>59-1461439</b>	
Zip <b>33952</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>MAC DONALD, KAYMOND          1395 WILMETTE ST          PORT CHARLOTTE, FL 33980</b>		7. Name and Address of New Registered Agent Name <b>DANIEL J. Greenlick</b> Street Address (P.O. Box Number is Not Acceptable) <b>2613 Rock Creek DR.</b> City <b>Port CHARLOTTE FL</b> Zip Code <b>33948</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <b>DANIEL J. Greenlick Daniel J Greenlick</b>		DATE <b>1-10-05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MACDONALD, RAYMOND STREET ADDRESS 1395 WIMETTE ST CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Greenlick DANIEL J. STREET ADDRESS 2613 Rock Creek DR. CITY-ST-ZIP PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BATISTA, JOSE STREET ADDRESS 1180 DESMOND ST CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE TD-VP NAME Locke DAVID J. STREET ADDRESS 4374 MEAGER CIRCLE CITY-ST-ZIP PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME KETTLER, HERBERT STREET ADDRESS 3528 MIDDLETOWN ST CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE SD NAME MANNING Joseph T. STREET ADDRESS 134 LeLAND ST. S.W. CITY-ST-ZIP PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME HAAS, FRANK STREET ADDRESS 184 N WATERWAY DRIVE CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE D NAME SHAY WILLIAM E STREET ADDRESS 21094 EDGEWATER CITY-ST-ZIP PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LONES, RICHARD STREET ADDRESS 282 READING ST. N.W CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE D NAME Myszkowski LEONARD STREET ADDRESS 22256 OLEAN BLVD. CITY-ST-ZIP PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TYNAS, CHARLES D STREET ADDRESS 1135 DORCHESTER ST CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE D NAME JAGENOW William STREET ADDRESS 3335 ISLAND CLUB DR. Apt. 5 CITY-ST-ZIP NORTH PORT FL 34288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>DANIEL J. Greenlick Daniel J Greenlick</b>		DATE <b>1-10-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>941-675502</b>	