

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 # 750184 (4)

1. Corporation Name
COLUMBUS CLUB, INC.



Principal Place of Business Mailing Address
4646 S. E. 11TH PLACE 4646 S. E. 11TH PLACE
CAPE CORAL FL 33904 CAPE CORAL FL 33904

3. Date Incorporated or Qualified 12/13/1979 3a. Date of Last Report 01/17/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 COLUMBUS CLUB, INC.
22 City & State 27 PO BOX 623
23 Zip Country 28 CAPE CORAL, FL XXXXX
24 25 29 33910 30 LEE

4. FEI Number 59-1908499 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

9. Name and Address of Current Registered Agent
EGAN, ARNOLD J
1810 COUNTRY CLUB BLVD.
CAPE CORAL FL 33904

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 617.0512 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 *Arnold J. Egan* 8/3/96
Signature typed or printed name of registered office and title (if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COTTRELL, WILLIAM F	
STREET ADDRESS	1461 VIKING COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAMARRO, MICHAEL J	
STREET ADDRESS	1211 S.E. 19TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHAMBERLAIN, ERNEST W	
STREET ADDRESS	2106 S.E. 10TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLIKEN, JOHN N	
STREET ADDRESS	3722 S.E. 3RD AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIECELLI, JOSEPH G	
STREET ADDRESS	1102 S.E. 32ND TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EGAN, ARNOLD J	
STREET ADDRESS	1810 COUNTRY CLUB BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33990	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CAMARRO, MICHAEL J.	
13 STREET ADDRESS	1211 S.E. 19th Ter	
14 CITY-ST-ZIP	CAPE CORAL, FL 33990	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	THOMAS, ANTHONY	
23 STREET ADDRESS	2904 S.E. 22nd PL	
24 CITY-ST-ZIP	CAPE CORAL, FL 33904	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	THOMAS, ANTHONY	
33 STREET ADDRESS	2904 S.E. 22nd PL	
34 CITY-ST-ZIP	CAPE CORAL, FL 33904	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Anthony Thomas* 8/3/96 941 945-7766
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)