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

FILED
Feb 14 1996 8:00 am
Secretary of State

DOCUMENT # **757409** **(8)**

1. Corporation Name

COLUMBUS HARBOUR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 520268 LONGWOOD FL 32752-0268	POST OFFICE BOX 520268 LONGWOOD FL 32752-0268

3. Date Incorporated or Qualified: **04/03/1981**
3a. Date of Last Report: **01/30/1995**

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

4. FEI Number: **59-2362974** ☐ 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**

KIGER, RUSS
190 COLUMBUS CIR
LONGWOOD FL 32750

10. **Name and Address of New Registered Agent**

81 Name: RODGER TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable): 301 Columbus Circle
83:
84 City: Longwood, FL 85 Zip Code: 32750

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: RODGER TAYLOR — 2/5/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	KIGER, RUSS		12 NAME	RODGER TAYLOR	
STREET ADDRESS	190 COLUMBUS CIR		13 STREET ADDRESS	301 Columbus Circle	
CITY-ST-ZIP	LONGWOOD FL		14 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	VD	☒ DELETE	21 TITLE	VD	☒ Change ☐ Addition
NAME	ROMAGOSA, MARCK		22 NAME	MARK SCHMIDT	
STREET ADDRESS	210 COLUMBUS CIR		23 STREET ADDRESS	311 Columbus Circle	
CITY-ST-ZIP	LONGWOOD FL		24 CITY-ST-ZIP	Longwood FL 32750	
TITLE	SD	☒ DELETE	31 TITLE	SD	☐ Change ☐ Addition
NAME	SEIBERT, JAMES		32 NAME	Connie Gonzalez	
STREET ADDRESS	320 ISABELLA DRIVE		33 STREET ADDRESS	700 Mendez	
CITY-ST-ZIP	LONGWOOD FL		34 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MACK, BONNIE		42 NAME		
STREET ADDRESS	140 COLUMBUS CIR		43 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE	D	☒ Change ☐ Addition
NAME	KNIGHT, RICK		52 NAME	John Green	
STREET ADDRESS	141 COLUMBUS CIR		53 STREET ADDRESS	191 Columbus Circle	
CITY-ST-ZIP	LONGWOOD FL		54 CITY-ST-ZIP	Longwood FL 32750	
TITLE	D	☒ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	MACNAMARA, DAVE		62 NAME	John O'Connor	
STREET ADDRESS	131 COLUMBUS CIR		63 STREET ADDRESS	230 Columbus Circle	
CITY-ST-ZIP	LONGWOOD FL		64 CITY-ST-ZIP	Longwood FL 32750	

CR2E037 (12/95)

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: Bonnie Mack — 2/5/96 — 407/332-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #