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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997 1-23-97

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B 0621 C

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: **02/14/1996**

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

TAYLOR, ROBERT
301 COLUMBUS CIRCLE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: Mark Schmidt
82 Street Address (P.O. Box Number is Not Acceptable): 311 Columbus Cr.
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 _____ 1/13/97
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	1.1 TITLE	3PD	☒ Change ☐ Addition
NAME	TAYLOR, RODGER		1.2 NAME	Jack Smythers	
STREET ADDRESS	301 COLUMBUS CIRCLE		1.3 STREET ADDRESS	331 Isabella Dr.	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Longwood Fl 32750	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SCHMIDT, MARK		2.2 NAME	Stan Rafalik	
STREET ADDRESS	311 COLUMBUS CIRCLE		2.3 STREET ADDRESS	370 Ferdinand Dr.	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	Longwood Fl 32750	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	GONZALEA, CONNIE		3.2 NAME	Rick Knight	
STREET ADDRESS	700 MENDEZ		3.3 STREET ADDRESS	141 Columbus Cr.	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MACK, BONNIE		4.2 NAME	Mark Schmidt	
STREET ADDRESS	140 COLUMBUS CIR		4.3 STREET ADDRESS	311 Columbus Cr.	
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP	Longwood, Fl 32750	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, JOHN		5.2 NAME		
STREET ADDRESS	191 COLUMBUS CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNOR, JOHN		6.2 NAME		
STREET ADDRESS	230 COLUMBUS CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: _____ 1/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0014214