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Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

7. Is this nonprofit corporation a homeowners [redacted] ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MARK SCHMIDT
311 COLUMBUS CR.
1
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: Dan Anderson
82 Street Address (P.O. Box Number is Not Acceptable): 330 Isabella Drive
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: Dan D. Anderson DATE: 8/10/98
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	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	JACK SMYTHERS		1.2 NAME	DAN ANDERSON	
STREET ADDRESS	331 ISABELLA DR.		1.3 STREET ADDRESS	330 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	STAN RAFALIK		2.2 NAME	Barry Revels	
STREET ADDRESS	370 FARDINAND DR.		2.3 STREET ADDRESS	400 Columbus Cir.	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	RICK KNIGHT		3.2 NAME	Susann Cheslick	
STREET ADDRESS	141 COLUMBUS CR.		3.3 STREET ADDRESS	481 Columbus Cir.	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☐ Change ☑ Addition
NAME	MARK SCHMIDT		4.2 NAME	Bonnie Mack	
STREET ADDRESS	311 COLUMBUS CR.		4.3 STREET ADDRESS	140 Columbus Cir.	
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	GREEN, JOHN		5.2 NAME	Dan Spak	
STREET ADDRESS	191 COLUMBUS CIRCLE		5.3 STREET ADDRESS	120 Columbus Cir	
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	O'CONNOR, JOHN		6.2 NAME	Siva Dellamotta	
STREET ADDRESS	230 COLUMBUS CIRCLE		6.3 STREET ADDRESS	710 Palos Way	
CITY-ST-ZIP	LONGWOOD FL		6.4 CITY-ST-ZIP	Longwood, FL 32750	

8/26

CR2E037 (10/97)

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: Bonnie Mack 6/21/98

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