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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757409

1. Corporation Name

COLUMBUS HARBOUR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

POST OFFICE BOX 520268
 LONGWOOD FL 32752-0268

Mailing Address

POST OFFICE BOX 520268
 LONGWOOD FL 32752-0268



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/03/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2362974

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, DAN
330 ISABELLA DRIVE
LONGWOOD FL 32750

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 617.0502 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

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	<input type="checkbox"/> DELETE
NAME	ANDERSON, DAN	
STREET ADDRESS	330 ISABELLA DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REVELS, BARRY	
STREET ADDRESS	400 COLUMBUS CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHESLICK, SUSANN	
STREET ADDRESS	481 COLUMBUS CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MACK, BONNIE	
STREET ADDRESS	140 COLUMBUS CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPAK, DAN	
STREET ADDRESS	120 COLUMBUS CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELLAMOTTA, SIVA	
STREET ADDRESS	710 PALOS WAY	
CITY-ST-ZIP	LONGWOOD FL 32750	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE

Dan Spak
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

407/332-1661

Daytime Phone #

CR2E037 (11/98)