2000 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2000 8:00 am **DOCUMENT # 757409** 1. Entity Name Secretary of State COLUMBUS HARBOUR HOMEOWNERS' ASSOCIATION, INC. 05-12-2000 90036 034 \*\*\*\*61.25 Mailing Address Principal Place of Business POST OFFICE BOX 520268 POST OFFICE BOX 520268 LONGWOOD FL 32752-0268 LONGWOOD FL 32752-0268 AUUSYBYY 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2362974 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ANDERSON, DAN 330 ISABELLA DRIVE ام) LONGWOOD FL 32750 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rein Make Check Payable to 9. Election Campaign Financing **FILE NOW: \$5.00** May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PD Change TITLE PD ☐ Delete TITLE James Seibert NAME ANDERSON, DAN NAME 320 Isabella Drive STREET ADDRESS STREET ADDRESS 330 ISABELLA DRIVE LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 1 Ghange ☐ Addition TITLE ☐ Defete Richard Knisht NAME REVELS, BARRY 141 Columbus Cirale STREET ADDRESS **400 COLUMBUS CIRCLE** STREET ADDRESS 32750 Languaged, FL CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 -14-ettange — 🖃 Addition TITLE TITLE Delete ---Richard Kuzmick NAME CHESLICK, SUSANN NAME 480 Columbus Circle STREET ADDRESS STREET ADDRESS 481 COLUMBUS CIRCLE LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Change ☐ Addition TD Delete TITLE TITLE Susan Terrett NAME MACK, BONNIE NAME 151 Columbus Cir STREET ADDRESS STREET ADDRESS 140 COLUMBUS CIRCLE Longwood FL 32750 CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32750 12 etrange ☐ Addition TITLE Delete TITLE Smythers Jack NAME SPAK, DAN NAME 331 Isabella Drive STREET ADDRESS STREET ADDRESS 120 COLUMBUS CIRCLE HL 32750 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Change ☐ Addition ☐ Delete TITLE TITLE NAME DELLAMOTTA, SIVA NAME STREET ADDRESS STREET ADORESS 710 PALOS WAY Longwood, FL CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.