2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2002 8:00 am
Secretary of State
08-25-2002 90199 005 ****61.25

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DOCUMENT # 757409

1. Entity 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

B01J5146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2362974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCULLOH, NEAL 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002; min. will be $236.25.	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SEIBERT, JAMES R 320 ISABELLA DRIVE LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SUSANN Chesick 481 Columbus Circle LONGWOOD, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KNIGHT, RICHARD D 141 COMUMBUS CIRCLE LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT GARY FEVERSTON 310 ISABELLA DRIVE LONGWOOD, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KUZMICK, RICK 480 COLUMBUS CIRCLE LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY TOM ARES 340 ISABELLA DRIVE LONGWOOD, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TERRETT, SUSAN S 151 COLUMBUS CIRCLE LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GAIL Schmidt TREASURER 311 COLUMBUS CIRCLE LONGWOOD, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHAFFER, DAVE 131 COLUMBUS CIRCLE LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DOROTHY BACH 341 ISABELLA DRIVE LONGWOOD, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMYTHERS, JACK 331 ISABELLA DRIVE LONGWOOD FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MICHELLE IRWIN 320 Columbus Circle LONGWOOD, FL 32750	☐ Change ☒ Addition

CR2E037 (4/02)

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.

SIGNATURE: Susan K Schmidt 7-28-02 407-830-4394