2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004
Secretary of State

DOCUMENT# 757409

Entity Name: COLUMBUS HARBOUR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 520268
LONGWOOD, FL 327520268

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 520268
LONGWOOD, FL 327520268

New Mailing Address:

FEI Number: 59-2362974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR & CARLS, P.A.
850 CONCOURSE PKWY SO.
MAITLAND, FL 327516145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SEIBERT, JAMES R	
Address:	320 ISABELLA DR	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	VP	( ) Delete
Name:	FEVERSTON, GARY	
Address:	310 ISABELLA DRIVE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	S	( ) Delete
Name:	KNIGHT, RICK	
Address:	141 COLUMBUS CIR	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	T	( ) Delete
Name:	SSCHMIDT, GAIL	
Address:	311 COLUMBUS CIRCLE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	D	( ) Delete
Name:	SMYTHERS, JACK	
Address:	331 ISABELLA DR	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	D	( ) Delete
Name:	SHAFER, DAVE	
Address:	131 COLUMBUS CIR	
City-St-Zip:	LONGWOOD, FL 32750	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SCHMIDT, GAIL	
Address:	311 COLUMBUS CIRCLE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL R. SCHMIDT T 03/10/2004

Electronic Signature of Signing Officer or Director — Date