

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757409

FILED
Apr 26, 2005
Secretary of State

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: SCHMIDT, 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: VP (X) Change () Addition
Name: SEDA, CINDY
Address: 720 MENDEZ WAY
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Change () Addition
Name: SHAFER, DAVE
Address: 131 COLUMBUS CIR
City-St-Zip: LONGWOOD, FL 32750

Title: T (X) Change () Addition
Name: CUNNINGHAM, SUSAN
Address: 721 MENDEZ WAY
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OLVEY, VAN
Address: 1320 S GRANT ST
City-St-Zip: LONGWOOD, FL 32750

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: SUSAN CUNNINGHAM

T

04/26/2005

Electronic Signature of Signing Officer or Director

Date