

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90006 006 ****61.25

DOCUMENT # 762452

1. Entity Name
CLUB COLOMBIA DE TAMPA, INC.



Principal Place of Business
**7820 N. ARMENIA AVENUE
TAMPA, FL 33604 US**

Mailing Address
**P.O. BOX 151873
TAMPA, FL 33684**

24075095



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05112004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2381121

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

**HERNANDO, MORENO
7617 WINGATE DR
TAMPA, FL 33615**

Name **MARIA VICTORIA FERRER**

Street Address (P.O. Box Number is Not Acceptable)

7614 N. SANIBEL CIRCLE

City **TAMPA**

FL

Zip Code **33637**

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

Maria Victoria Ferrer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MAY 7, 2004

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME HERNANDO, MORENO
STREET ADDRESS 7617 WINGATE DR.
CITY-ST-ZIP TAMPA, FL 33615

TITLE D ☐ Delete
NAME MAX, PENIA MD
STREET ADDRESS 4204 CARROLWOOD VILLAGE CT
CITY-ST-ZIP TAMPA, FL 33624

TITLE TD ☒ Delete
NAME MENDOZA, MAURO
STREET ADDRESS 7306 BARRY RD
CITY-ST-ZIP TAMPA, FL 33634

TITLE D ☒ Delete
NAME AMPARO, PAUL
STREET ADDRESS 7617 WINGIN WAY DR.
CITY-ST-ZIP TAMPA, FL 33615

TITLE S ☒ Delete
NAME NARVAEZ, BETTY
STREET ADDRESS 4809 EL CAPISTRANO DR.
CITY-ST-ZIP TAMPA, FL 33634

TITLE D ☒ Delete
NAME OTERO, JORGE ENRIQUE MD
STREET ADDRESS 4206 GOLF POINT CT
CITY-ST-ZIP TAMPA, FL 33624

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME MARIA VICTORIA FERRER
STREET ADDRESS 7614 N. SANIBEL CIRCLE
CITY-ST-ZIP TAMPA, FL 33637

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME MARIA TERESA OWENS
STREET ADDRESS 19307 GARDEN QUILT CR
CITY-ST-ZIP LURE, FL 33558

TITLE D ☐ Change ☒ Addition
NAME WILLIAM D'LEON
STREET ADDRESS 7001 64th STREET N
CITY-ST-ZIP PINELAS PARK, FL 33781

TITLE D ☐ Change ☒ Addition
NAME SANDRA M. FERRER-O/L
STREET ADDRESS 7614 N. SANIBEL CIRCLE
CITY-ST-ZIP TAMPA, FL 33637

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Maria Victoria Ferrer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 7, 2004 813-989-1408

DAY

Daytime Phone #