

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005**  
**Secretary of State**

DOCUMENT# 762452

Entity Name: CLUB COLOMBIA DE TAMPA, INC.

**Current Principal Place of Business:**

7820 N. ARMENIA AVENUE  
TAMPA, FL 33604 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 151873  
TAMPA, FL 33684

**New Mailing Address:**

FEI Number: 59-2381121      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERRER, MARIA V  
7614 N SANIBEL CIRCLE  
TAMPA, FL 33637 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: PD ( ) Delete  
Name: FERRER, MARIA V  
Address: 7614 N SANIBEL CIRCLE  
City-St-Zip: TAMPA, FL 33637

Title: D ( ) Delete  
Name: MAX, PENA MD  
Address: 4204 CARROLWOOD VILLAGE CT  
City-St-Zip: TAMPA, FL 33624

Title: SD ( ) Delete  
Name: OWENS, MARIA T  
Address: 19307 GARDEN QUILT CR  
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete  
Name: D'LEON, WILLIAM  
Address: 7001 64TH STREET N  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete  
Name: FERRER-OIL, SANDRA M  
Address: 7614 N SANIBEL CIRCLE  
City-St-Zip: TAMPA, FL 33637

Title: D ( ) Delete  
Name: OTERO, JORGE ENRIQUE MD  
Address: 4206 GOLF POINT CT  
City-St-Zip: TAMPA, FL 33624

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

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: MARIA TERESA OWENS

SD

01/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date