

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757409

Entity Name: COLUMBUS HARBOUR HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**171 COLUMBUS CIR.
LONGWOOD, FL 32750**Current Mailing Address:**POST OFFICE BOX 520268
LONGWOOD, FL 32752-0268**FEI Number:** 59-2362974**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARLTON, MICHEAL
171 COLUMBUS CIR.
LONGWOOD, FL 32750 US*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:** MICHEAL CARLTON

04/20/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CARLTON, MICHEAL
Address POST OFFICE BOX 520268
City-State-Zip: LONGWOOD FL 32752-0268

Title TREASURER
Name TISDELL, CHARLES W
Address POST OFFICE BOX 520268
City-State-Zip: LONGWOOD FL 32752-0268

Title D
Name SMYTHERS, JACK
Address POST OFFICE BOX 520268
City-State-Zip: LONGWOOD FL 32752-0268

Title VP
Name DENEGRE, TOM
Address POST OFFICE BOX 520268
City-State-Zip: LONGWOOD FL 32752

Title SECRETARY
Name WARNER, CHRISTOPHER
Address 140 COLUMBUS CIR.
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name NOYES, BRUCE
Address POST OFFICE BOX 520268
City-State-Zip: LONGWOOD FL 32752

Title DIRECTOR
Name NAGOWSKI, ERIC
Address POST OFFICE BOX 520268
City-State-Zip: LONGWOOD FL 32752

I hereby 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 all other like empowered.

SIGNATURE: CHARLES TISDELL

TREASURER

04/20/2019

Electronic Signature of Signing Officer/Director Detail

Date