

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **704475** (3)

1. Corporation Name

COLUMBUS HOME ASSOCIATION INC



Principal Place of Business

Mailing Address

**1901 PARK MEADOWS DR. SW
% HELEN E. DZIEWIK
FT MYERS FL 33907-0739**

**1901 PARK MEADOWS DR. SW
% HELEN E. DZIEWIK
FT MYERS FL 33907-0739**

3. Date Incorporated or Qualified
06/30/1962

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **33907-3739** 25 Country

29 Zip **33907-3739** 30 Country

4. FEI Number

59-1265933

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DZIEWIK, HELEN E.
1901 PARK MEADOWS DRIVE
FT MYERS FL 33907**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **ALLEN, JAMES H**
STREET ADDRESS **2324 HARVARD AVENUE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **VP** ☒ DELETE
NAME **RESTA, JOSEPH R**
STREET ADDRESS **556 VAL MAR DR**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **SD** ☒ DELETE
NAME **SACCA, NICHOLAS F**
STREET ADDRESS **15033 CLOVERDALE DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **TD** ☒ DELETE
NAME **VANDIVER, DON**
STREET ADDRESS **165550 HERON COACH WAY**
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☒ DELETE
NAME **KNOTT, JOHN J**
STREET ADDRESS **2203 SE 1ST TERR**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Gutknecht, Ralph**
1.3 STREET ADDRESS **1830 Maravilla Ave.**
1.4 CITY-ST-ZIP **Ft. Myers, FL 33901**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Baran, Edward A.**
2.3 STREET ADDRESS **11314 Chapion Drive**
2.4 CITY-ST-ZIP **Ft. Myers, FL 33913**

3.1 TITLE **Sec. Director** ☒ Change ☐ Addition
3.2 NAME **Rohaley, Richard P.**
3.3 STREET ADDRESS **1540 Tredegar Drive**
3.4 CITY-ST-ZIP **Ft. Myers, Florida 33919**

4.1 TITLE **Treasurer, Director** ☒ Change ☐ Addition
4.2 NAME **Herrick, Scott**
4.3 STREET ADDRESS **5711 Fox Lake Drive #4**
4.4 CITY-ST-ZIP **Ft. Myers, Florida 33917**

5.1 TITLE **Director** ☒ Change ☐ Addition
5.2 NAME **Richmond, Charles G.**
5.3 STREET ADDRESS **15241 Asplen Drive**
5.4 CITY-ST-ZIP **Ft. Myers, Florida 33908**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ralph Gutknecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/15/96** Daytime Phone #

CR2E037 (12/95)