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FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33907-3739  
US1901 PARK MEADOWS DR. SW  
% HELEN E. DZIEWIK  
FT MYERS FL 33907-3739  
US3. Date Incorporated or Qualified  
08/30/19623a. Date of Last Report  
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1265933

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GUTKNECHT, RALPH	
STREET ADDRESS	1830 MARAVILLA AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BARAN, EDWARD A.	
STREET ADDRESS	11314 CHAPION DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROHALEY, RICHARD P.	
STREET ADDRESS	1540 TREDEGAR DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERRICK, SCOTT	
STREET ADDRESS	5711 FOX LAKE DR #4	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHMOND, CHARLES G.	
STREET ADDRESS	15241 ASPLEN DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Olewin, Henry S.	
STREET ADDRESS	9807 Cuddy Court	
CITY-ST-ZIP	Ft. Myers, FL 33919	

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bella, Bartholomew	
1.3 STREET ADDRESS	18050 Tamiami Tr. #164	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Resta, Joseph R.	
2.3 STREET ADDRESS	556 Val Mar Drive	
2.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bartholomew A. Resta* SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055229

CR2E037 (9/96)