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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704475** (3)

1. Corporation Name

**COLUMBUS HOME ASSOCIATION INC**

Principal Place of Business

**1801 PARK MEADOWS DR. SW  
% HELEN E. DZIEWIK  
FT MYERS FL 33907-3739  
US**

Mailing Address

**1801 PARK MEADOWS DR. SW  
% HELEN E. DZIEWIK  
FT MYERS FL 33907-3739  
US**

3. Date Incorporated or Qualified

**08/30/1962**

4. FEI Number

**59-1265933**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

**DZIEWIK, HELEN E.  
1801 PARK MEADOWS DRIVE  
FT MYERS FL 33907**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BELLA, BARTHOLOMEW**  
STREET ADDRESS **18505 TAMMAM TR. 184**  
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 **ROHALEY, RICHARD P.**  
STREET ADDRESS **1540 TREDEGAR DR**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE **TD** ☐ DELETE

NAME **HERRICK, SCOTT**  
STREET ADDRESS **5711 FOX LAKE DR #4**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE

NAME **RICHMOND, CHARLES G.**  
STREET ADDRESS **15241 ASPLEN DR**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE

NAME **OLEWIN, HENRY S**  
STREET ADDRESS **9807 CUDDY CT.**  
CITY-ST-ZIP **FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**TD**  
**HERRICK, SCOTT**  
**2322 SE 8th Avenue**  
**Cape Coral, Florida 33990**

14. 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 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 #Bella*

*4/28/98*

*941-936-7874*

CR2E037 (10/97)