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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704475

1. Corporation Name

COLUMBUS HOME ASSOCIATION INC

Principal Place of Business

1901 PARK MEADOWS DR. SW
% HELEN E. DZIEWIK
FT MYERS FL 33907-3739
US

Mailing Address

1901 PARK MEADOWS DR. SW
% HELEN E. DZIEWIK
FT MYERS FL 33907-3739
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/30/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1265933

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 ☐ DELETE
NAME BELLA, BARTHOLOMEW
STREET ADDRESS 18505 TAMiami TR. 164
CITY-ST-ZIP FT. MYERS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME ROHALEY, RICHARD P.
STREET ADDRESS 1540 TREDEGAR DR
CITY-ST-ZIP FT. MYERS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME HERRICK, SCOTT
STREET ADDRESS 2322 SE 8TH AVE
CITY-ST-ZIP CAPE CORAL FL 33990

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME Treasurere-Director
4.3 STREET ADDRESS Meehan, William P.
4.4 CITY-ST-ZIP 6325 St. Andrews Circle
Ft. Myers, Florida 33919-1719

TITLE D ☐ DELETE
NAME RICHMOND, CHARLES G.
STREET ADDRESS 15241 ASPLEN DR
CITY-ST-ZIP FT MYERS FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Trustee
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME OLEWIN, HENRY S
STREET ADDRESS 9807 CUDDY CT.
CITY-ST-ZIP FT. MYERS FL

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

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, with all other like empowered.

SIGNATURE: *Bartholomew Bella*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 18, 1999 941-936-7874
Date Daytime Phone #

CR2E037 (11/98)