

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90179 013 ****61.25

DOCUMENT # 704475

1. Entity 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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1265933

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BELLA, BARTHOLOMEW**
STREET ADDRESS **18505 TAMiami TR. 164**
CITY-ST-ZIP **FT. MYERS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **RESTA, JOSEPH R.**
STREET ADDRESS **556 VAL MAR DR.**
CITY-ST-ZIP **FT. MYERS FL**TITLE **Vice President** ☐ Change ☐ Addition
NAME **Rohaley, Richard P.**
STREET ADDRESS **1540 Tredegar Drive**
CITY-ST-ZIP **Ft. Myers, FL 33919**TITLE **SD** ☐ Delete
NAME **ROHALEY, RICHARD P.**
STREET ADDRESS **1540 TREDEGAR DR**
CITY-ST-ZIP **FT. MYERS FL**TITLE **Director-Secretary** ☐ Change ☐ Addition
NAME **Resta, Joseph P.**
STREET ADDRESS **Rt. 2 Box 228C**
CITY-ST-ZIP **Adel, Ga 31620**TITLE **TD** ☐ Delete
NAME **MEEHAN, WILLIAM P**
STREET ADDRESS **6325 ST. ANDREWS CIR.**
CITY-ST-ZIP **FT. MYERS FL 33919-1719**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **RICHMOND, CHARLES G.**
STREET ADDRESS **15241 ASPLEN DR**
CITY-ST-ZIP **FT MYERS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **OLEWIN, HENRY S**
STREET ADDRESS **9807 CUDDY CT.**
CITY-ST-ZIP **FT. MYERS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William P. Meehan

2-10-00

936-7874