

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90259 013 ****70.00

DOCUMENT # 704475 1. Entity Name COLUMBUS HOME ASSOCIATION INC					
Principal Place of Business 1901 PARK MEADOWS DR. SW FT MYERS, FL 33907-3739 US			Mailing Address 1901 PARK MEADOWS DR. SW FT MYERS, FL 33907-3739 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1265933	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, JOHN 1901 PARK MEADOWS DRIVE FT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				Signature: <u>JOHN Roberts</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALY, ED 1219 BUENA VISTA DR NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN N. Roberts <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT 2029 MARAVELLA CIRCLE FORT MYERS, FL. 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, JOHN N 2440 NORENO AVE FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JIM H. ALLEN 2324 HARVARD AVE FORT MYERS, FL. 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEISER, DAVID 16905 TIMBER LAKES DR FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PETER A. GARGANO 1338 WOODMERE LANE FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETROSHUS, JOHN A 6057 BIRNAWOOD LANE SW FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition JOHN PETROSHUS 6057 BIRNAWOOD LANE SW FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARGANO, PETER A 1338 WOODMERE LN FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition HENRY OLEWIN 9807 CUDDY CT FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLEWIN, HENRY 9807 CUDDY CT FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bill Meehan 6325 ST. ANDREWS CIRCLE FT. MYERS, FL 33919	
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: <u>Peter A. Gargano</u> TREASURER 4-20-2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					