## AMENDED NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT** # 704475

**SIGNATUR** 

1. Entity Name Columbus Home Association Inc.



FILED

04 NOV 19 AM 10: 04

SECRETARY OF STATE FAILAHASSEE FLORIDA

	DO N	OT WRITE	FALLAHAS	Shir rich	we v			
2. Principal Place of Business 4040 Princeton St. 3. Mailing Address 4040 Prince				on St.				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	e YERS,	FL	City & State Fort Myers,	FL		4. FEI Number 59–1265933		Applied For Not Applicable
Zip 33901		Country Lee	<sup>Zip</sup> 33901	Country Lee		5. Certificate of Status Desire		8.75 Additional ee Required
		I	l	1		7. Name and Address of Curr	ent Registered	Agent
	O NOT WIN THIS SP		Street Ad	Name Roberts, John -Street Address (P.O. Box Number is Not Acceptable) 4040 Princeton St.				
				City Fort	Mv	ers	FL	Zip Code 33901
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
10.	and the state of the state of	IS \$61.25 Amended UBR	Trust Fund C	mpaign Financing Contribution.	J	AA.AA MAD DC SEEDINGS	Make Check orida Depart	Payable to ment of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2324	n, Jim H. Harvard Ave. Myers, FL 33	•	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 500042 11/19/04-010	19054 55007	55 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Peres 3847	· ·		HITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.338	ano, Peter A _Woodmere_Lar Myers, FL 11	n <u>e</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	r WRI1	ī <b>E</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6325	an, Bill St. Andrews Myers, FL 33	Cir. 3919	TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9807	in, Henry Cuddy Ct. Myers, FL 33	3919	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1131	n, Ed 4 Championsh Myers, FL 3		TITLE NAME STREET ADDRESS CITY: ST-2IP				
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 on an attachment with an address, with all other like appropriate.								