2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# 704475

Entity Name: COLUMBUS HOME ASSOCIATION INC

Current Principal Place of Business:

4040 PRINCETON STREET
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

4040 PRINCETON STREET
FT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 59-1265933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, JOHN
4040 PRINCETON STREET
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALLEN, JIM H
Address: 2324 HARVARD AVENUE
City-St-Zip: FORT MYERS, FL 33907

Title: V ( ) Delete
Name: PERES, ED
Address: 3847 EAST RIVER DRIVE
City-St-Zip: FORT MYERS, FL 33916

Title: T ( ) Delete
Name: GARGANO, PETER A
Address: 1338 WOODMERE LANE
City-St-Zip: FORT MYERS, FL 11919

Title: T ( ) Delete
Name: MEEHAN, BILL
Address: 6325 ST. ANDREWS CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: T ( ) Delete
Name: OLEWIN, HENRY
Address: 9807 CUDDY COURT
City-St-Zip: FORT MYERS, FL 33919

Title: T ( ) Delete
Name: BARAN, ED
Address: 11314 CHAMPIONSHIP DRIVE
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A. GARGANO T 02/16/2005

Electronic Signature of Signing Officer or Director — Date