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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708014** (6)

1. Corporation Name

COLUMBIAN BUILDING ASSOCIATION OF WEST PALM BEACH, INC.

Principal Place of Business

Mailing Address

**1155 S CONGRESS AVE
P. O. BOX 1787
WEST PALM BCH FL 33406
US**

**P.O. BOX 21584
P. O. BOX 1787
WEST PALM BEACH FL 33416
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/27/1964

4. FEI Number

59-1466100

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**YEAGER, THOMAS
2250 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33409**

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, TIMOTHY	
STREET ADDRESS	2649 WESTCHESTER DRIVE	
CITY-ST-ZIP	WEST PALM BCH. FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PANTON, THOMAS	
STREET ADDRESS	3422 TACONIC DR	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNEDOS, THOMAS	
STREET ADDRESS	5220 EL CLARO CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, TIMOTHY M.	
STREET ADDRESS	230 PERSHING WAY	
CITY-ST-ZIP	WEST PALM BCH. FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHASSE, ROBERT	
STREET ADDRESS	2547 MEADOW COURT	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARATTINI, ROBERT W.	
STREET ADDRESS	2000 N. CONGRESSES AVE., LOT 37	
CITY-ST-ZIP	WEST PALM BEACH FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EUGENE A. SERRAES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD	
1.3 STREET ADDRESS	500 XANADO	
1.4 CITY-ST-ZIP	JUPITER FL 33477	

2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	ZIP 33406	

3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2077 CEZANNE RD	
3.3 STREET ADDRESS	W. PALM BEACH, FL 33409	
3.4 CITY-ST-ZIP		

4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL E. FISCHER	
4.3 STREET ADDRESS	2820 CHOROKEE RD.	
4.4 CITY-ST-ZIP	W. PALM BEACH, FL 33406	

5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROME HARTMAN	
5.3 STREET ADDRESS	2405 S. FLAGLER DR.	
5.4 CITY-ST-ZIP	W. PALM BEACH, FL 33401	

6.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	ZIP 33409	

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.

SIGNATURE:

Robert W. Barattini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/98

Date

561-655-4080

Daytime Phone # 00000000

CR2E037 (10/97)