1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708014

1. Corporation Name

COLUMBIAN BUILDING ASSOCIATION OF WEST PALM BEAC H, INC.

Principal Place of Business
1155 S CONGRESS AVE
P. O. BOX 1707-
WEST PALM BCH FL 33406
HO

Mailing Address

P.O. BOX 21584 Q= Q: DOX-1797

WEST PALM BEACH FL 33416

US

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90217 029 ****61.50



2. Principal Pl	Place of Business 2a. Mailing Address							3. Date Incorporated or Qualifed					
21	26 P.O.Box 2158				<u> </u>			10/27/1964					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					4. FEI Number			Appli	ed For	
22		27						59-14661 00			Not A	pplicable	
City & State	9		City & State					5. Certifcate of Status Desired	П		7 5 Add		
23		28	•					- Corandate of Classes Boomed		Fe_	e Requ	ired	
Zip	Country	Zip	Country				6. Election Campaign Financing	П	\$5.00 May Be				
24	25 29 30						Trust Fund Contribution Added to Fees						
Name and Address of Current Registered Agent								10. Name and Address of New R	egistered .	Agent	•		
					81 Name								
YEAGER, THOMAS					82 Street Address (P.O. Box Number is Not Acceptable)								
2250 PALM BEACH LAKES BLVD.					"	Oligory	-tuu103	5 (1.0. Box Hambor to Hot Hoopka					
	LM BEACH FL 33409				83			,					
MESI FAI	LM BEACH FE 33409								<u>.</u>	12-1	7:- 0-	-	
					84	City			FL	85	Zip Co	ue	
41. D. And the provision of Sections 647.0502 and 647.1509. Eladda Statutes, the above named corporation submits this statement for the number 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	Stgnature, typed or printed name of registered agent a	and title if	annicable (NOTE	· Registered	! Agen!	t signature re	equired w	hen reinstating)	DATE		•		
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRE	CTORS	3 IN 12	
TITLE	PD		DELETE	1.1 TI	TLE					☐ Cha	inge	☐ Addition	
NAME	SERRAES, EUGENE E			1.2 N	AME	Ì		•.					
	OENTALO, EGGENE E					ADDRESS							
STREET ADDRESS					ITY-ST	I		, , , , , , , , , , , , , , , , , , ,					
CITY-ST-ZIP	JUPITER FL 33477		DELETE	2.1 T		I-ZIP	D		,	☐ Cha	ange	Addition	
TITLE	D THOMAS		24022414	2.2 N				ATIN SERRAES					
NAME	PANTON, THOMAS			1		ADDRESS	51	37 EL CLARO CI	LCLE				
STREET ADDRESS	OTEE INCOMO DIT					_ I	WEST PALM BEACH, FL 33415						
CITY-ST-ZIP	WEST PALM BEACH FL 33406		DELETE	2. 4 C	TTY-S	T-ZIP			L 73	☐ Cha	nge	Addition	
TITLE	D		DELETE].	ייייע	DWARD ARCENT	ALFC				
NAME	ARNEDOS, THOMAS			3.2 N			E 1	05 AVILA RD.				*	
STREET ADDRESS	2077 CEZANNE RD					ADDRESS	2	65 KVIER ED.		324,	سع		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		O 651 5-5	_	XTY-S	T-ZIP	W	EST PALM BEAC	A - r	Chα	2000	Addition	
TITLE	SD		☐ DELETE	4.1 TI							an g c	L. Addison	
NAME	FISCHER, MICHAEL E			4. 2 N		1						1	
STREET ADDRESS	2820 CHEROKEE RD					ADDRESS							
CfTY-ST-ZIP	WEST PALM BCH. FL 33406			_	ITY-\$1	T- ZIP				П съ		☐ Addition	
TITLE	πο		☐ DELETE	5.1 Ti						Cha	ange	Addition	
NAME	HARTMAN, ROME			5.2 N						•			
STREET ADDRESS	2405 S FLAGLER DR					ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL 33401				ITY-\$1	T-ZIP		<u> </u>	 		:		
TITLE	VPD		☐ DELETE	6.1 7				· ·		☐ Cha	ange	☐ Addition	
NAME	BARATTINI, ROBERT W.			6.2 N	AME								
STREET ADDRESS		37		6.3 \$	TREET	ADDRESS						1	
	1					1						l l	

WEST PALM BEACH FL 3 3 4 69

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, with all other like empowered.

SIGNATURE: 4

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-655-4050 Daytime Phone # K2E03/ (11/98)