


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90023 028 ****61.25

DOCUMENT # 708014 1. Entity Name COLUMBIAN BUILDING ASSOCIATION OF WEST PALM BEACH, INC.					
Principal Place of Business 1155 S CONGRESS AVE WEST PALM BCH, FL 33406 US			Mailing Address P.O. BOX 21584 WEST PALM BEACH, FL 33416 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1466100	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YEAGER, THOMAS 2250 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	PD	<input type="checkbox"/> Delete	TITLE	YD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRAES, MARTIN		NAME		
STREET ADDRESS	5137 EL CLARO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARCENTALES, EDWARD		NAME		
STREET ADDRESS	205 AVILA ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, MICHAEL		NAME		
STREET ADDRESS	2820 CHEROKEE RD.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH., FL 33406		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DONALD		NAME		
STREET ADDRESS	3016 PINEHURST DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SHEPARD, KEELER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, KEELER		NAME		
STREET ADDRESS	7 W ARCH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASSE, ROBERT		NAME		
STREET ADDRESS	2547 MEADOW CT.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33486		CITY-ST-ZIP		
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: <i>Keeler Shepard, Treasurer / Director</i> 3/5/2004 561 964 9566					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					