2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/19/

FILED
Apr 09, 2003 8:00 am
Secretary of State
03-19-2003 90159 021 ****61.25

DOCUMENT # 708014

1. Entity Name

COLUMBIAN BUILDING ASSOCIATION OF WEST PALM BEAC H, INC.

Principal Place of Business	Mailing Address
1155 S CONGRESS AVE WEST PALM BCH FL 33406 US	P.O. BOX 21584 WEST PALM BEACH FL 33416 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1466100 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SERRAES, MARTIN 5137 EL CLARO CIRCLE WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARCENTALES, EDWARD 205 AVILA ROAD WEST PALM BEACH FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHASSE, ROBERT 2547 MEADOW COURT WEST PALM BCH. FL 33406	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FISCHER, MICHAEL 2820 CHEROKEE RD. WEST PALM BEACH, FL 33406 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARTMAN, ROME 2405 S FLAGLER DR WEST PALM BEACH FL 33401	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROOKS, DONALD 306 PINEHURST Dr. LAKE WORTH, FL 33467 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHEPARD, KEELER 7 W ARCH DRIVE LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHEPHARD, KEELER 7 W. ARCH Dr LAKE WORTH, FL 33467 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASSE, Robert 2547 MEADOW CT WEST PALM BEACH, FL 33406 ☐ Change ☑ Addition

CR2E037 (10/02)

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: Keeler Shephard TREASURER KEELER SHEPHARD 3/17/3 561 722 8681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #