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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713530 (4)
1. Corporation Name

COLUMBUS CLUB OF SANFORD, INCORPORATED.

Principal Place of Business

Mailing Address

P.O. BOX 472
SANFORD FL 32772-0472

P.O. BOX 472
SANFORD FL 32772-0472



3. Date Incorporated or Qualified

10/26/1967

4. FEI Number

59-6481768

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAYERS, COLIN B.
104 COUNTRY CLUB CIRCLE
SANFORD FL 32772

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SAYER COLIN B
STREET ADDRESS 104 COUNTRY CLUB CIRCLE
CITY-ST-ZIP SANFORD FL
SAYER, COLIN

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE VP
NAME GALLOGLY, JOHN
STREET ADDRESS 122 DRESDAN CT
CITY-ST-ZIP SANFORD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE SD
NAME KOROPSAK JOSEPH M
STREET ADDRESS 126 LEA AVE
CITY-ST-ZIP LONGWOOD FL
126 LEA, AVE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE T
NAME SEIGLE JOSEPH
STREET ADDRESS 2590 GRENADA AVE
CITY-ST-ZIP SANFORD FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
*T NON HERBULLS, CARL L.
505 MYRTLE AVE
SANFORD FL 32771*
☐ Change ☐ Addition

TITLE T
NAME CONNIFF, DANIEL
STREET ADDRESS 594 YORKSHIRE DRIVE
CITY-ST-ZIP OVIEDO FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE T
NAME ZANNIE, ALFRED
STREET ADDRESS 1229 LAKE LUCERNE CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Colin B. Sayer Jan 6/98 (407) 312-2412

CR2E037 (10/97)