

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 713530**

1. Entity 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-6481768

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

CONNIFF, DANIEL J  
148 SPRING HURST CIRCLE  
LAKE MARY FL 32746

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

*DANIEL J CONNIFF TREASURER*

*Daniel J. Coniff*

*2-5-07*

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  
Due By May 1, 2007**

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: P ☐ Delete  
NAME: VILLALBOS, EDWARD  
STREET ADDRESS: 845 REGALWOOD LN  
CITY-ST-ZIP: DEBARY FL 32713

TITLE: ☐ Change ☐ Addition  
NAME: *SAME*  
STREET ADDRESS: *100000625203*  
CITY-ST-ZIP: *02/14/07-80066-005 61.25*

TITLE: VP ☐ Delete  
NAME: TOLLE, ROBERT  
STREET ADDRESS: 2113 SHADY LN  
CITY-ST-ZIP: GENEVA FL 32732

TITLE: ☐ Change ☐ Addition  
NAME: *SAME*  
STREET ADDRESS: *SAME*  
CITY-ST-ZIP: *SAME*

TITLE: R ☐ Delete  
NAME: KOROPSAK, JOSEPH  
STREET ADDRESS: 126 LEA ROAD  
CITY-ST-ZIP: LONGWOOD FL 32750

TITLE: ☐ Change ☐ Addition  
NAME: *SAME*  
STREET ADDRESS: *SAME*  
CITY-ST-ZIP: *SAME*

TITLE: T ☐ Delete  
NAME: SIMES, JOHN  
STREET ADDRESS: 642 LAKEWOOD CIR.  
CITY-ST-ZIP: HEATHROW FL 32746

TITLE: ☐ Change ☐ Addition  
NAME: *SAME*  
STREET ADDRESS: *SAME*  
CITY-ST-ZIP: *SAME*

TITLE: T ☐ Delete  
NAME: CONNIFF, DANIEL  
STREET ADDRESS: 48 SPRINGHURST CIR.  
CITY-ST-ZIP: LAKE MARY FL 32746

TITLE: ☐ Change ☐ Addition  
NAME: *SAME*  
STREET ADDRESS: *SAME*  
CITY-ST-ZIP: *SAME*

TITLE: T ☐ Delete  
NAME: HANNA, LEO C  
STREET ADDRESS: 700 N COCHRAN ROAD  
CITY-ST-ZIP: GENEVA FL 32732

TITLE: ☐ Change ☐ Addition  
NAME: *SAME*  
STREET ADDRESS: *SAME*  
CITY-ST-ZIP: *SAME*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*DANIEL CONNIFF TREASURER 2-5-07 Daniel Coniff*