


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 19 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714337 (3)**

1. Corporation Name  
**COLUMBIAN ASSOCIATION OF BRADENTON, INC.**



Principal Place of Business <b>2203 30TH AVENUE WEST BOX 1604 BRADENTON FL 34206</b>	Mailing Address <b>2203 30TH AVENUE WEST BOX 1604 BRADENTON FL 34206</b>
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3. Date Incorporated or Qualified <b>03/28/1968</b>	
4. FEI Number <b>59-2189673</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**GISCHEL, WALTER E  
4809 CORAL BLVD  
APT. 320  
BRADENTON FL 34210**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDS, LARRY</b>	1.2 NAME	<b>OLSON, DONALD N</b>
STREET ADDRESS	<b>3705 QUAIL HOLLOW PLACE</b>	1.3 STREET ADDRESS	<b>6117 HERITAGE LN.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	<b>BRADENTON FL 34209</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, T HOMAS P</b>	2.2 NAME	<b>MEINHARDT, WALTER E</b>
STREET ADDRESS	<b>2306 45TH CT W</b>	2.3 STREET ADDRESS	<b>415 62ND ST NW</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	<b>BRADENTON FL 34209</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNY, SIDNEY G</b>	3.2 NAME	<b>SANDS, LARRY</b>
STREET ADDRESS	<b>624 US 301 BLVD E C-12</b>	3.3 STREET ADDRESS	<b>3705 QUAIL HOLLOW PL.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	<b>BRADENTON FL 34210</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GISCHEL, WALTER E</b>	4.2 NAME	
STREET ADDRESS	<b>4809 CORAL BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN HOUTEN, KENNETH J</b>	5.2 NAME	<b>GALLIGAN, JEREMIAH B.</b>
STREET ADDRESS	<b>7704 9TH AVE DR NW</b>	5.3 STREET ADDRESS	<b>5201 15TH AVE W.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	5.4 CITY-ST-ZIP	<b>BRADENTON FL 34209</b>
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDRIESSE, DANIEL F</b>	6.2 NAME	<b>O NEILL, ROBT F.</b>
STREET ADDRESS	<b>2200 38TH AV W 14R-202</b>	6.3 STREET ADDRESS	<b>6070 ARLENE WAY</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	6.4 CITY-ST-ZIP	<b>BRADENTON FL 34207</b>

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: *[Handwritten Signature]* 02/11/98 941-795-1890

CR2E037 (1097)