FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724159 (9)

1. Corporation Name

COLUMBINE CONDOMINIUM APARTMENTS, INC. THE

Principal Place of Business	Mailing Address
31 OCEAN REEF DRIVE SUITE A-207 N KEY LARGO FL 33037	31 OCEAN REEF DRIVE SUITE A-207 N KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1507385 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOSS, EVELYN
31 OCEAN REEF DR.
SUITE A-207
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	☐ Change ☐ Addition
NAME	PEDERSEN, WILLIAM	12 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	13 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	PETERSON, JOHN	22 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	23 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	SUTTON, ED	32 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	33 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	COUGHNOUR, DAN	42 NAME	
STREET ADDRESS	31 OCEAN REEF DR. A-207	43 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CHUBET, KITTY	52 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	53 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	54 CITY-ST-ZIP	
TITLE	POA	61 TITLE	☐ Change ☐ Addition
NAME	MOSS, EVELYN	62 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	63 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Evelyn Moss 4/26/95 (305) 367-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006787