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NONPROFIT CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

724159

(9)

| COLUMBINE. | CONDOMINIUM | <b>APARTMENTS</b> | INC   | THE  |
|------------|-------------|-------------------|-------|------|
| OOLONDINE  |             | ALVELIANCIALO!    | IIIU. | 1111 |

| OOLOI  | ADINE CONDOMINION AFF   | WITHWEITTS, INC. THE  | •                              |              |                                |  |                                |                       |                                   |
|--|---|---|--------------------------------|--------------|--------------------------------|--|--------------------------------|-----------------------|-----------------------------------|
| Principal Place  | e of Business   | Mailing Address   |                                |              |                                |  |                                |                       |                                   |
| 31 OCEAN REEF DRIVE 31 OCEAN REEF DRI<br>SUITE A-207 SUITE A-207<br>N KEY LARGO FL 33037 N KEY LARGO FL 33 |   |   |                                |              |                                |  |                                |                       |                                   |
|  |   |   | ••,                            |              |                                | <ol> <li>Date Incorporated or Qualified<br/>08/22/1972</li> </ol>  | 3a. Date                       | of Last<br>5/01/1     |                                   |
| 2. Principal Pl  | ace of Business   | 2a. Mailing Address   |                                |              |                                | 4. FEI Number 59-1507385   |                                |                       | Applied For<br>Not Applicable     |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.   |                                |              |                                | 5. Certificate of Status Desired   |                                | \$8.75                | 5 Additional<br>Required          |
| City & State   | City & State City & State   |   |                                |              |                                | 6. Election Campaign Financing   |                                | \$5.0                 | May Be                            |
| Zip<br>24  | Country   | Ζιρ   | Cour                           | ntry         |                                | Trust Fund Contribution  8. This corporation has liability for it  | ntangible tax L                | ınder s.              | od to Fees<br>. 199.032,          |
| 24   | 9. Name and Address of Curren   | 29 <br>nt Registered Agent  | 30                             |              |                                | Florida Statutes Yes No  10. Name and Address of New Registered Agent  |                                |                       |                                   |
|  |   |   |                                | 81           | Name                           |  |                                |                       |                                   |
| MOSS,  |   |   | }                              | 82           | Street Addr                    | ess (P.O. Box Number is Not Acceptable   | e)                             |                       |                                   |
| 31 OCEAN REEF DR.  |   |   |                                | 22           |                                |  |                                |                       |                                   |
| SUITE A  | 1-207<br>RGO FL 33037   |   |                                | 83           |                                |  |                                |                       |                                   |
|  |   |   |                                | 84           | City                           |  | 1                              | '                     | p Code                            |
| 11. Pursuant t<br>or register<br>familiar wit  | to the provisions of Sections 617.0502<br>red agent, or both, in the State of Flori<br>th, <b>gr</b> id accept the obligations of, Sect | 2 and 617.1508, Florida Statu<br>da. Such change was authori<br>ion 617.0503. Florida Statute | tes, the above zed by the cost | e-na<br>orpo | amed corpora<br>oration's boar | ation submits this statement for the purp<br>d of directors. I hereby accept the appo  | ose of chang<br>intment as reg | ing its r<br>gistered | egistered office<br>I agent. I am |
| SIGNATURE  | Levy Man.<br>Signature, typed of printed name of registered agent   | and   |                                | Agent        | t signature required           | Lubra rejectation  | DITE                           | <del>-</del>          |                                   |
| 12.  |   | D DIRECTORS   | 13.                            | your.        | agriciore regalitati           | ADDITIONS/CHANGES TO OFFIC   | DATE<br>CERS AND DI            | RECTO                 | DRS IN 12                         |
| TITLE  | DST   | DELETE  | 1.1 TITE                       | .E           |                                |  | 0'                             | Change                | Addition                          |
| NAME   | PEDERSEN, WILLIAM   |   | 1.2 NAM                        | ME           |                                |  |                                |                       |                                   |
| STREET ADDRESS   | 31 OCEAN REEF DR #A-207   |   | 1.3 STA                        | REET A       | address                        |  |                                |                       |                                   |
| CITY-ST-ZIP  | KEY LARGO FL  | Morres  | 1.4 CIT                        |              | - ŽIP                          |  |                                |                       |                                   |
| TITLE<br>NAME  | VP  | DELETE  | 2.1 TITL                       |              |                                | Pederson, Willi  |                                |                       | Addition                          |
| STREET ADDRESS   | PETERSON, JOHN 31 OCEAN REEF DR #A-207  |   | 2.2 NAN                        |              |                                | 31 Ocean Reef D  | TA029                          | <b>3</b> 7            |                                   |
| CITY-ST-ZIP  | KEY LARGO FL  |   |                                |              | ADDRESS                        |  |                                |                       |                                   |
| TITLE  | DP DP   | DELETE  | 2. 4 CIT<br>3.1 TITU           |              | 1-211                          |  |                                | Change                | Addition                          |
| NAME   | SUTTON, ED  | _   | 3 2 NAM                        |              |                                |  | ш,                             | / la igo              |                                   |
| STREET ADDRESS   | 31 OCEAN REEF DR #A-207   |   |                                |              | ADDRESS                        |  |                                |                       |                                   |
| CITY-ST-ZIP  | KEY LARGO FL  |   | 3.4. CIT                       |              |                                |  |                                |                       |                                   |
| TITLE  | D   | DELETE  | 4.1 TITL                       | .E           |                                | VP   |                                | Change                | Addition                          |
| NAME   | COUGHNOUR, DAN  | •   | 4. 2 NA                        | ME           |                                | Pederson, Willi  | am                             |                       |                                   |
| STREET ADDRESS   | 31 OCEAN REEF DR. A-207   |   | 4.3 STR                        | EET A        | ADDRESS                        | 31 Ocean Reef D  | r A-20                         | 7                     |                                   |
| CITY-ST-ZIP  | KEY LARGO FL  | <b>7</b> 113  | 4.4 CITY                       |              | - ZIP                          | Key Largo, FL 3  | 3037                           |                       |                                   |
| TITLE  | D   | DELETE  | 5.1 TITE                       |              |                                |  |                                | Change                | ☐ Addition                        |
| NAME   | CHUBET, KITTY   |   | 5.2 NAM                        |              |                                |  |                                |                       |                                   |
| STREET ADDRESS<br>CITY-ST-ZIP  | 31 OCEAN REEF DR #A-207<br>KEY LARGO FL   |   |                                |              | ADDRESS                        |  |                                |                       |                                   |
| TITLE  | POA   | DELETE  | 5.4 CITY                       |              | - ZIP                          |  |                                | N                     |                                   |
| NAME   | MOSS, EVELYN  |   | 61 TITL<br>62 NAM              |              | Í                              |  | П                              | Change                | ☐ Addition                        |
| STREET ADDRESS   | 31 OCEAN REEF DR #A-207   |   |                                |              | ADDRESS                        |  |                                |                       |                                   |
| CITY-ST-ZIP  | KEY LARGO FL  |   | 6.4 CiTy                       |              |                                |  |                                |                       |                                   |
| 14. Ldo hereby   | vicertify that the information supplied v   | vith this filing is voluntarily furr  | niched and d                   | ~~~          | not qualify fo                 | or the exemption stated in Section 119.0   | 7(3)(k), Florida               | Statute               | es. I further                     |
| oath; that I   | I am an officer or director of the corpo  | iai repert or supplemental and<br>ration or the receiver or truste                            | iuai report is<br>e empowere   |              |                                | te and that my signature shall have the started by Chapter 617, Floring report as required by Chapter 617, Floring report 617, F |                                |                       |                                   |
| appears in   | Block 12 or Block 13 if changed, or c   | on an attachment with an add  | ress.                          |              |                                | The second of th | .ca olatoros, t                | u ia                  | COTY FROM                         |

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #