

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 724159 (9)  
1. Corporation Name  
COLUMBINE CONDOMINIUM APARTMENTS, INC. THEPrincipal Place of Business Mailing Address  
31 OCEAN REEF DRIVE 31 OCEAN REEF DRIVE  
SUITE A-207 SUITE A-207  
N KEY LARGO FL 33037 N KEY LARGO FL 33037-5281

3. Date Incorporated or Qualified 08/22/1972 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-1507385 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSEN, WILLIAM	1.2 NAME	Pedersen, William
STREET ADDRESS	31 OCEAN REEF DR #A-207	1.3 STREET ADDRESS	31 Ocean Reef Dr A207
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, ED	2.2 NAME	Sutton, Ed
STREET ADDRESS	31 OCEAN REEF DR #A-207	2.3 STREET ADDRESS	31 Ocean Reef Dr A207
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSON, WILLIAM	3.2 NAME	Silkett, Sally
STREET ADDRESS	31 OCEAN REEF DR. A-207	3.3 STREET ADDRESS	31 Ocean Reef Dr A207
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUBET, KITTY	4.2 NAME	Gooch, William
STREET ADDRESS	31 OCEAN REEF DR #A-207	4.3 STREET ADDRESS	31 Ocean Reef Dr A207
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	POA <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MOSS, EVELYN	5.2 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-207	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024424

CR2E037 (9/96)