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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724159 (9)
1. Corporation Name
COLUMBINE CONDOMINIUM APARTMENTS, INC. THE

Principal Place of Business 31 OCEAN REEF DRIVE SUITE A-207 N KEY LARGO FL 33037	Mailing Address 31 OCEAN REEF DRIVE SUITE A-207 N KEY LARGO FL 33037
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2. Principal Place of Business 21 120 Anchor Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 100 Anchor Dr. #476 Suite, Apt. #, etc.
City & State 23 Key Largo, FL	City & State 28 Key Largo, FL
Zip 24 33037	Country 25
Country 25	Zip 29 33037
Country 25	Country 30

3. Date Incorporated or Qualified 08/22/1972
4. FEI Number 59-1507385
Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No

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 MOSS, Evelyn
82 Street Address (P.O. Box Number is Not Acceptable) 100 Anchor Drive #476
83
84 City Key Largo
85 Zip Code FL 33037

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 *Evelyn Moss* **Evelyn Moss** **4-27-98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	PEDERSEN, WILLIAM
STREET ADDRESS	31 OCEAN REEF DR #A-207
CITY-ST-ZIP	KEY LARGO FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	SUTTON, ED
STREET ADDRESS	31 OCEAN REEF DR #A-207
CITY-ST-ZIP	KEY LARGO FL
TITLE	V <input type="checkbox"/> DELETE
NAME	SILKETT, SALLY
STREET ADDRESS	31 OCEAN REEF DR. A-207
CITY-ST-ZIP	KEY LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHUBET, KITTY
STREET ADDRESS	31 OCEAN REEF DR #A-207
CITY-ST-ZIP	KEY LARGO FL
TITLE	POA <input type="checkbox"/> DELETE
NAME	MOSS, EVELYN
STREET ADDRESS	31 OCEAN REEF DR #A-207
CITY-ST-ZIP	KEY LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GOOCH, WILLIAM
STREET ADDRESS	31 OCEAN REEF DR., A207
CITY-ST-ZIP	KEY LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pederson, William
1.3 STREET ADDRESS	100 Anchor Drive #476
1.4 CITY-ST-ZIP	Key Largo, FL 33037
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Leenhouts, James
2.3 STREET ADDRESS	100 Anchor Drive #476
2.4 CITY-ST-ZIP	Key Largo, FL 33037
3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Silkett, Sally
3.3 STREET ADDRESS	100 Anchor Drive #476
3.4 CITY-ST-ZIP	Key Largo, FL 33037
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Chubet, Kitty
4.3 STREET ADDRESS	100 Anchor Drive #476
4.4 CITY-ST-ZIP	Key Largo, FL 33037
5.1 TITLE	POA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOSS, Evelyn
5.3 STREET ADDRESS	100 Anchor Drive #476
5.4 CITY-ST-ZIP	Key Largo, FL 33037
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gooch, William
6.3 STREET ADDRESS	100 Anchor Drive #476
6.4 CITY-ST-ZIP	Key Largo, FL 33037

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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* **Evelyn Moss** **4-27-98** **305 367-3232**

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