


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90019 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 724159</b>					
1. Corporation Name <b>COLUMBINE CONDOMINIUM APARTMENTS, INC. THE</b>					
Principal Place of Business 120 ANCHOR DR SUITE A-207 N KEY LARGO FL 33037 US			Mailing Address 100 ANCHOR DR STE 476 N KEY LARGO FL 33037 US		
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		3. Date Incorporated or Qualified <b>08/22/1972</b> 4. FEI Number <b>59-1507385</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>MOSS, EVELYN 100 ANCHOR DR STE 476 KEY LARGO FL 33037</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>PD PEDERSEN, WILLIAM</b> STREET ADDRESS <b>100 ANCHOR DR 476</b> CITY-ST-ZIP <b>KEY LARGO FL 33037</b>			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Pedersen, William</b> 1.3 STREET ADDRESS <b>100 Anchor Drive #476</b> 1.4 CITY-ST-ZIP <b>Key Largo, FL 33037</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>D LEENHOUTS, JAMES</b> STREET ADDRESS <b>100 ANCHOR DR 476</b> CITY-ST-ZIP <b>KEY LARGO FL 33037</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>VPD SILKETT, SALLY</b> STREET ADDRESS <b>100 ANCHOR DR 476</b> CITY-ST-ZIP <b>KEY LARGO FL 33037</b>			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>Silkett, Sally</b> 3.3 STREET ADDRESS <b>100 Anchor Drive #476</b> 3.4 CITY-ST-ZIP <b>Key Largo, FL 33037</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>D CHUBET, KITTY</b> STREET ADDRESS <b>100 ANCHOR DR 476</b> CITY-ST-ZIP <b>KEY LARGO FL 33037</b>			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>Chubet, Kitty</b> 4.3 STREET ADDRESS <b>100 Anchor Drive #476</b> 4.4 CITY-ST-ZIP <b>Key Largo, FL 33037</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>POA MOSS, EVELYN</b> STREET ADDRESS <b>100 ANCHOR DR 476</b> CITY-ST-ZIP <b>KEY LARGO FL 33037</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>D GOOCH, WILLIAM</b> STREET ADDRESS <b>100 ANCHOR DR 476</b> CITY-ST-ZIP <b>KEY LARGO FL 33037</b>			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <b>Gooch, William</b> 6.3 STREET ADDRESS <b>100 Anchor Drive #476</b> 6.4 CITY-ST-ZIP <b>Key Largo, FL 33037</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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-23-99 305 367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)