

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90389 049 \*\*\*\*61.25

**DOCUMENT # 724159**

1. Entity Name

**COLUMBINE CONDOMINIUM APARTMENTS, INC.**

**DO NOT WRITE IN THIS SPACE**

**94077552**

2. Principal Place of Business

**120 Anchor Drive**

3. Mailing Address

**120 Anchor Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Key Largo FL**

City & State

**Key Largo, FL**

4. FEI Number

**59-1507385**

Applied For

Not Applicable

Zip

**33037**

Country

Zip

**33037**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Evelyn Moss**

Street Address (P.O. Box Number is Not Acceptable)

**120 Anchor Drive**

City

**Key Largo**

**FL**

Zip Code

**33037**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
Silkett, Sally  
120 Anchor Drive  
Key Largo, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
Benovitz, Madge  
120 Anchor Drive  
Key Largo, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**POA  
Moss, Evelyn  
120 Anchor Drive  
Key Largo, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
Gooch, William  
120 Anchor Drive  
Key Largo, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
Thomas, Joanne  
120 Anchor Drive  
Key Largo, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
Pederson, William  
120 Anchor Drive  
Key Largo, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

*Evelyn Moss*

**Evelyn Moss**

**4-28-04**

**305-367-3232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)