FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:24

DOCUMENT # 734935 (0)

1. Corporation Name
COLUMBIA CLUB OF OSCEOLA COUNTY, INC.

Principal Place of Business	Mailing Address
2000 NEPTUNE ROAD KISSIMMEE FL 34744	2000 NEPTUNE ROAD KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1976
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2198526 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EARLEY, JOHN
930 E. LAKESHORE BLVD.
~~ST CLOUD FL 34744~~
address change only

10. Name and Address of New Registered Agent

81 Name: EARLEY John
82 Street Address (P.O. Box Number is Not Acceptable)
83: 930 E. LAKESHORE BLVD
84 City: KISSIMMEE FL 85 Zip Code: 34744

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ TD	1.1 TITLE	TD ☑ Change ☐ Addition
NAME	JOHN EARLEY	1.2 NAME	JOHN EARLEY
STREET ADDRESS	930 LAKESHORE BLVD.	1.3 STREET ADDRESS	930 E. LAKESHORE BLVD
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCOMMON, KENNETH	2.2 NAME	
STREET ADDRESS	4850 WREN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	SD ☑ Change ☐ Addition
NAME	STAAB, PETER	3.2 NAME	JOSEPH MULLEN
STREET ADDRESS	2118 PEACHTREE BLVD.	3.3 STREET ADDRESS	126 FLORIDA PKY
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	KISSIMMEE FL 34743
TITLE	SD	4.1 TITLE	PD ☑ Change ☐ Addition
NAME	VIRAGH, WILLIAM	4.2 NAME	GEORGE RAWL
STREET ADDRESS	701 MIDRON LANE	4.3 STREET ADDRESS	1751 FERN CT
CITY-ST-ZIP	POINCIANA FL	4.4 CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ROACH, JOHN	5.2 NAME	
STREET ADDRESS	1141 MEADOW SPRING	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ANTON J. PASTIER	6.2 NAME	
STREET ADDRESS	2736 ORCHID LN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John Earley JOHN EARLEY TD 2/2/95 348-6589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069037