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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34744-4941

3. Date Incorporated or Qualified: 02/10/1976
3a. Date of Last Report: 01/25/1996

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

4. FEI Number: 59-2198526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 LAKE SHORE BLVD
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ 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	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHN EARLEY		1.2 NAME		
STREET ADDRESS	930 LAKESHORE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	DELA GARZA, JOSE		2.2 NAME	GERVIA, MARK	
STREET ADDRESS	1186 PERCH DR		2.3 STREET ADDRESS	430 MAGPIE CT	
CITY-ST-ZIP	ST. CLOUD FL		2.4 CITY-ST-ZIP	KISSIMMEE FL 34759-4444	
TITLE	VD	☑ DELETE	3.1 TITLE	VD	☑ Change ☑ Addition
NAME	GERVIA, MARK		3.2 NAME	WITTEN JAMES	
STREET ADDRESS	430 MAGPIE CT		3.3 STREET ADDRESS	4865 WREN DR.	
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	ST. CLOUD FL 34772-752	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILEY, MIKE		4.2 NAME		
STREET ADDRESS	2612 N BEAUMONT AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	P	☐ Change ☑ Addition
NAME	ROACH, JOHN		5.2 NAME	MCCOMMON KENNETH	
STREET ADDRESS	1141 MEADOW SPRING		5.3 STREET ADDRESS	4850 WREN DR.	
CITY-ST-ZIP	KISSIMMEE FL		5.4 CITY-ST-ZIP	ST CLOUD FL 34772-752	
TITLE	D	☑ DELETE	6.1 TITLE	P	☐ Change ☑ Addition
NAME	ANTON J. PASTIER		6.2 NAME	FALCO JOSEPH	
STREET ADDRESS	2736 ORCHID LN.		6.3 STREET ADDRESS	440 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL		6.4 CITY-ST-ZIP	KISSIMMEE FL 34758-3330	

CR2E037 (9/96)

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: John Earley REQUIRED 1/10/97 (407)348-6584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070001