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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 02/10/1976

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 421732
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 KISSIMMEE FL.
24 Zip / 25 Country	29 34742-1732 / 30 USA

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: DONALD A. BRUNIG
82 Street Address (P.O. Box Number is Not Acceptable): 2424 DEBRA CT.
83
84 City: KISSIMMEE FL 85 Zip Code: 34744

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: Donald A. Bruning DATE: 1-8-98
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	TD	☒ Change ☐ Addition
NAME	JOHN EARLEY		1.2 NAME	DONALD BRUNIG	
STREET ADDRESS	930 LAKESHORE BLVD.		1.3 STREET ADDRESS	2424 DEBRA CT	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	KISSIMMEE, FL. 34744	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	GERVIA, MARK		2.2 NAME	JAMES WITTEN	
STREET ADDRESS	430 MAGPIE CT		2.3 STREET ADDRESS	4865 WREN DR.	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	ST. CLOUD, FL.	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	WITTEN, JAMES		3.2 NAME	BURT GEORGE	
STREET ADDRESS	4865 WREN DR		3.3 STREET ADDRESS	817 MENDOZA DR	
CITY-ST-ZIP	ST CLOUD FL		3.4 CITY-ST-ZIP	POINCIANA, FL	
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		☐ Change ☐ Addition
NAME	MCCOMMON, KENNETH		5.2 NAME		
STREET ADDRESS	4850 WREN DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FALCO, JOSEPH		6.2 NAME		
STREET ADDRESS	440 HUNTER CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Donald A. Bruning REQUIRED 1-8-98 407-933-1238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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