

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90128 025 ****61.25

DOCUMENT # 734935

1. Corporation Name

COLUMBIA CLUB OF OSCEOLA COUNTY, INC.

Principal Place of Business

**2000 NEPTUNE ROAD
KISSIMMEE FL 34744**

Mailing Address

**P.O. BOX 421732
KISSIMMEE FL 34742-1732
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

**BRUNIG, DONALD A.
2424 DEBRA CT.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **BRUNIG, DONALD**
STREET ADDRESS **2424 DEBRA CT.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **VD** ☐ DELETE
NAME **BURT, GEORGE**
STREET ADDRESS **817 MENDOZA DR**
CITY-ST-ZIP **POINCIANA FL**

TITLE **PD** ☐ DELETE
NAME **WITTEN, JAMES**
STREET ADDRESS **4865 WREN DR**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **SD** ☒ DELETE
NAME **WILEY, MIKE**
STREET ADDRESS **2612 N BEAUMONT AVE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☐ DELETE
NAME **MCCOMMON, KENNETH**
STREET ADDRESS **4850 WREN DR**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **D** ☐ DELETE
NAME **FALCO, JOSEPH**
STREET ADDRESS **440 HUNTER CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition
SD
LEE GUADAGNO
38 LAKE VILLAWAY
KISSIMMEE, FL 34743

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:

Donald A. Brunig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99
Date

407-933-1238
Daytime Phone #

0073221

CR2E037 (1/98)