## 2007 NOT-FOR-PROFIT CORPORATION

## FILED **ANNUAL REPORT (AR)** May 21, 2007 8:00 am **DOCUMENT # 734935 Secretary of State** 1. Entity Name 05-21-2007 90050 013 \*\*\*\*61.25 COLUMBIA CLUB OF OSCEOLA COUNTY, INC. Principal Place of Business Mailing Address 2000 NEPTUNE ROAD P.O. BOX 421732 KISSIMMEE FL 34744 KISSIMMEE FL 34742-1732 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SAME SAME Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-2198526 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HESS, JEROME F Box Number is Not Acceptable) SETTLERS TRAIL 1840 WILLINGHAM WAY KISSIMMEE FL 34744 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. I am familiar the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. BBRUNIG DONAL A. HILE HITE Delete (Change ☐ Addition NAME GERST, RICHARD M. NAME. 2424 DEBRA COURT STREET ADDRESS 2231 STEFFANIE COURT STREET ADDRESS Kissimmer, FL. 34744 CITY-ST-7IP KISSIMMEE FL 34746 CITY-S1-ZIP Delete TITLE VD HILE Change ☐ Addition STAAB, PETER NAME BRUNIG, DONALD A. NAME STREET ADDRESS 2424 DEBRA COURT STREET ADDRESS ST. CLOUD, FL CITY - ST- 7IP KISSIMMEE FL 34744 CITY-S1-ZIP BLACKWOOD, HENRY M. Mili Defete ☐ Change Addition NAME HESS, JEROME F NAME 2551 SETTLER'S TROIL STREET ADDRESS STREET ADDRESS 1840 WILLINGHAM WAY St. CLOUD, FL 34772 CITY-ST-7IP CHY-SI-DP KISSIMMEE FL 34744 TITLE ☐ Delete BUIL Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIME Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP THE Delete HILL Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11

if changed, or on an attachment with an address, with all other like empowered