## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 734935** 

FILED Jan 11, 2009 Secretary of State

Entity Name: COLUMBIA CLUB OF OSCEOLA COUNTY, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

2000 NEPTUNE ROAD KISSIMMEE, FL 34744

**Current Mailing Address:** 

**New Mailing Address:** 

P.O. BOX 421732

KISSIMMEE, FL 347421732 US

FEI Number: 59-2198526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLACKWOOD, HENRY M 2551 SETTLER TR. SAINT CLOUD, FL 34772

US

STAAB, PETER A 2118 PÉACH TREE BLVD.

SAINT CLOUD, FL 34769

US

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.

SIGNATURE: PETER A. STAAB

01/11/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete BRUNIG, DONALD A Name:

2424 DEBRA CT. Address:

City-St-Zip: KISSIMMEE, FL 34744 Title: () Delete

Name: STAAB, PETER Address: 2424 DEBRA COURT City-St-Zip: SAINT CLOUD, FL 34772

Title: () Delete

BLACKWOOD, HENRY M Name: Address: 2554 SETTLERS TR. City-St-Zip: SAINT CLOUD, FL 34772 (X) Change ( ) Addition

EARLEY, JOHN A Name:

Address: 930 E LAKESHORE BLVD. City-St-Zip: KISSIMMEE, FL 34744

Title: (X) Change ( ) Addition

Name: CUSHING, GERRY Address: 2395 WINDWARD CV City-St-Zip: KIZZIMMEE, FL 34746

Title: (X) Change ( ) Addition

Name: STAAB, PETER A 2118 PEACHTREE BLVD Address: City-St-Zip: SAINT CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A STAAB **TREA** 01/11/2009

Electronic Signature of Signing Officer or Director

Date