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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740048** (4)

1. Corporation Name

COLUMBIA HOME ASSOCIATION, INC.

Principal Place of Business

550 S. U.S. HIGHWAY 41
P. O. BOX 745
INVERNESS FL 34451

Mailing Address

550 S. U.S. HIGHWAY 41
P. O. BOX 745
INVERNESS FL 34451-0745



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/02/1977		3a. Date of Last Report 03/06/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1843236		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EUGENE RUSSO 2828 S. JEAN AVENUE INVERNESS FL 34450				81 Name CLINTON A. Reph			
				82 Street Address (P.O. Box Number is Not Acceptable) 8813 E. Sandpiper Dr.			
				83			
				84 City Inverness FL 85 Zip Code 34450			

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: *Clinton A. Reph* President DATE: **2-14-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	ZOLLO, ENRICO	305 POINSETTIA AVENUE INVERNESS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P	Clinton A. Reph	8813 E. Sandpiper Dr. Inverness, FL 34450
	V	MCGOWAN, HARRY	907 COLGATE LN INVERNESS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V	Phil Miller	5515 E. Live Oak Lane Inverness, FL 34453
	S	MYERBOOK, WALTER	307 IRIS LANE INVERNESS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T	John Hoffmeister	6177 E. Seneca St. Inverness, FL 34452
	P	RUSSO, EUGENE G.	2828 S JEAN AVE. INVERNESS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S	Mike Mullen	109 Vassar St. Inverness, FL 34452
	D	MINNICHELLO, JOSEPH	712 W PEARSON ST HERNANDO FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	George Gross	416 Hiawatha Ave Inverness, FL 34452
	T	CARLIN, FRANCIS	3552 S OAKDALE TERR INVERNESS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	William Berger	2400 Forest Dr. Apt. 217 Inverness, FL 34453

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Clinton A. Reph* DATE: **2-14-97** DAYTIME PHONE: **352-344-1353**

CR2E037 (9/96)