


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90004 012 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 740266</b>					
1. Corporation Name <b>COLUMBUS CLUB OF ORLANDO, INCORPORATED</b>					
Principal Place of Business 5727 CORNELIA AVE. ORLANDO FL 32807			Mailing Address 5727 CORNELIA AVE. ORLANDO FL 32807		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/28/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1940539	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		31	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUCHEMIN, ROBERT A 201 S. ORANGE AVE SUITE 1015 ORLANDO FL 32801				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMAS, ED			1.2 NAME	WYKA, THEODORE A		
STREET ADDRESS	625 BERWICK DR			1.3 STREET ADDRESS	13747 WATERHOUSE WAY		
CITY-ST-ZIP	WINTER PARK FL 32792			1.4 CITY-ST-ZIP	ORLANDO, FL 32828		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOLL, HARRY J			2.2 NAME	SHOLL, HARRY J		
STREET ADDRESS	7584 FINCASTLY WAY			2.3 STREET ADDRESS	7584 FINCASTLY WAY		
CITY-ST-ZIP	ORLANDO FL 32822			2.4 CITY-ST-ZIP	ORLANDO, FL 32822		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MONAHAN, OZZIE			3.2 NAME	NEDLEY, PAUL J.		
STREET ADDRESS	5736 ABERCON			3.3 STREET ADDRESS	9930 CHESHAM DR		
CITY-ST-ZIP	ORLANDO FL 32812			3.4 CITY-ST-ZIP	ORLANDO, FL 32817		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, MARTIN G			4.2 NAME			
STREET ADDRESS	707 SPRING VIEW DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORVATH, JOHN A			5.2 NAME			
STREET ADDRESS	1004 BRADFORD DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32792			5.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOTT, RICHARD M			6.2 NAME			
STREET ADDRESS	2961 FITZTOOTH DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32792			6.4 CITY-ST-ZIP			

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: Richard M. Elliott TREASURER 4/13/99 407-380-4250  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0017278

CR2E037 (11/98)