



**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90047 027 \*\*\*\*61.25

<b>DOCUMENT # 740266</b>				<b>Secretary of State</b>	
1. Entity Name <b>COLUMBUS CLUB OF ORLANDO, INCORPORATED</b>				08-10-2007 90047 027 ****61.25	
Principal Place of Business <b>5727 CORNELIA AVE. ORLANDO, FL 32807</b>		Mailing Address <b>5727 CORNELIA AVE. ORLANDO, FL 32807</b>		<b>00001074</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07302007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-1940539</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>IOFFREDO, GLEN J 1270 ORANGE AVE. SUITE D WINTER PARK, FL 32790</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> Zip Code	
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 with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PD HENNESSEY, JR., JAMES J 2215 EASTBROOK BLVD. WINTER PARK, FL 32792 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
VD NEMETHY, JOHN J 4009 POINT REYES CT ORLANDO, FL 32817 <input checked="" type="checkbox"/> Delete			V FRANCO FERRARI 14106 LAKE PRICE DRIVE ORLANDO, FL 32826 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TD BOVE, RALPH S 1913 LAHINCH CT. ORLANDO, FL 32826 <input checked="" type="checkbox"/> Delete			T WILLIAM D. MELENDEZ 1234 VIRGINIAN DRIVE ORLANDO, FL 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
SD BELL, ROBERT J 1118 DENSMORE DRIVE WINTER PARK, FL 32792 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>William D. Melendez</u> WILLIAM D. MELENDEZ 7/3/07 407-678-2112					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					